# DOCUMENT RESUME

ED 433 447 CE 079 131

AUTHOR Barber, Marie; Hyer, Renee; Rollins, Jan; Seamons, Mary Lou; Siddoway, Kris; Wall, Cindy
TITLE Child Development (Grades 9-12).
INSTITUTION Utah State Office of Education, Salt Lake City.
PUB DATE 1999-00-00
NOTE 592p.
PUB TYPE Guides - Classroom - Teacher (052)
EDRS PRICE MF03/PC24 Plus Postage.
DESCRIPTORS Adolescents; Attachment Behavior; Birth; *Child Development; *Child Health; Child Welfare; Cognitive Development; Congenital Impairments; Emotional Development; *Family Life Education; First Aid; Genetics; Heredity; High Schools; Infants; Instructional Materials; Learning Activities; Nutrition; Parent Child Relationship; *Parenting Skills; Physical Development; Preadolescents; Pregnancy; Preschool Children; Preschool Education; Preschool Teachers; Reproduction (Biology); Safety; Social Development; State Curriculum Guides; Toddlers

ABSTRACT

This curriculum guide on child development consists of six units for grades 9-12. A book list is provided. Each unit has 1-15 lessons. Unit 1, Overview of Child Development, teaches the value of studying children. Unit 2, Responsibilities Related to the Child, has four lessons: Parenting Responsibilities, Nurturing/Bonding, Self Concept, and Theories. Unit III, Prenatal Development, has six lessons: The Facts of Life; Male and Female Reproduction; Birth Defects, Genetics, and Heredity; Pregnancy; Stages of Prenatal Development; and Labor, Childbirth, and Postpartum Care. Unit IV, Growth and Development, has 15 lessons: Neonate-- Overview; Neonate--Physical Safety; 3 lessons each for Infants, Toddlers, Preschoolers, and School-Age Children--Physical, Cognitive, and Social/Emotional; and Adolescence. Unit V, Decisions that Affect Children, has 11 lessons: Positive Guidance; 4 on Setting the Stage for Learning--Play, Reading, Creativity, and Media Influence; Health: Childhood Diseases; Health and Safety of Children--First Aid; Health and Wellness of Children: Nutrition; Selecting a Child Care Provider; Challenging Times; and Parenting Resources. Unit VI, Child Care Lab, has three lessons: Child Care Lab, Learning Centers/Room Arrangements, and Lesson Plans. Each lesson consists of some or all of these components: time; competencies; overview/summary; motivator; descriptions of 4-14 options and the competencies each covers; resource list; and materials for options: teacher and student information, transparency masters, worksheets, and answer keys. (YLB)

********************************************************************************
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
********************************************************************************

ED 433 447

# Child Development
# (Grades 9-12)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

Q Raphael

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

1

CE079131

BEST COPY AVAILABLE

CE

# ACKNOWLEDGEMENTS

**State Specialist:**

Renee Hyer

**Writing Team:**

Marie Barber

Renee Hyer

Jan Rollins

Mary Lou Seamons

Kris Siddoway

Cindy Wall

**Project Director:**

Julie Probst Wheeler

Special thanks to teachers throughout the state
for field testing this curriculum and sharing their excellent ideas!

# CHILD DEVELOPMENT

## I. OVERVIEW OF CHILD DEVELOPMENT

VALUE OF STUDYING CHILDREN

## II. RESPONSIBILITIES RELATED TO THE CHILD

PARENTING RESPONSIBILITIES
NURTURING/BONDING
SELF-CONCEPT
THEORIES

## III. PRENATAL DEVELOPMENT

THE FACTS OF LIFE
MALE AND FEMALE REPRODUCTION
BIRTH DEFECTS, GENETICS, AND HEREDITY
PREGNANCY
STAGES OF PRENATAL DEVELOPMENT
LABOR, CHILDBIRTH, AND POSTPARTUM CARE

## IV. GROWTH AND DEVELOPMENT

NEONATE
INFANTS
TODDLERS
PRESCHOOLERS
SCHOOL-AGE CHILDREN
ADOLESCENCE

## V. DECISIONS THAT AFFECT CHILDREN

POSITIVE GUIDANCE
SETTING THE STAGE FOR LEARNING
HEALTH AND WELLNESS OF CHILDREN
SELECTING A CHILD CARE PROVIDER
CHALLENGING TIMES
PARENTING RESOURCES

## VI. CHILD CARE LAB

CHILD CARE LAB
LEARNING CENTERS/ROOM ARRANGEMENTS
LESSON PLANS

## VII. FHA/HERO (OPTIONAL)

# CHILD DEVELOPMENT--ALPHABETIZED TABLE OF CONTENTS

| LESSON | UNIT |
|---|---|
| Adolescents | Growth and Development |
| Birth Defects, Genetics, and Heredity | Prenatal Development |
| Challenging Times | Decisions That Affect Children |
| Child Care Lab | Child Care Lab |
| Child Development Theories | Responsibilities Related to the Child |
| Health and Safety of Children--First Aid | Decisions That Affect Children |
| Health and Wellness of Children--Nutrition | Decisions That Affect Children |
| Health--Childhood Diseases | Decisions That Affect Children |
| Infants--Cognitive | Growth and Development |
| Infants--Physical | Growth and Development |
| Infants--Social/Emotional | Growth and Development |
| Labor and Childbirth | Prenatal Development |
| Learning Centers/Room Arrangements | Child Care Lab |
| Lesson Plans | Child Care Lab |
| Male and Female Reproduction | Prenatal Development |
| Neonate--Overview | Growth and Development |
| Neonate--Physical | Growth and Development |
| Neonate--Safety | Growth and Development |
| Nurturing/Bonding | Responsibilities Related to the Child |
| Parenting Resources | Decisions That Affect Children |
| Parenting Responsibilities | Responsibilities Related to the Child |
| Pregnancy | Prenatal Development |
| Preschoolers--Cognitive | Growth and Development |

| | |
|---|---|
| Preschoolers--Physical | Growth and Development |
| Preschoolers--Social/Emotional | Growth and Development |
| School Age--Cognitive | Growth and Development |
| School Age--Physical | Growth and Development |
| School Age--Social/Emotional | Growth and Development |
| Selecting a Child Care Provider | Decisions That Affect Children |
| Self-Concept | Responsibilities Related to the Child |
| Setting the Stage for Learning--Creativity | Decisions That Affect Children |
| Setting the Stage for Learning--Media Influence | Decisions That Affect Children |
| Setting the Stage for Learning--Play | Decisions That Affect Children |
| Setting the Stage for Learning--Reading | Decisions That Affect Children |
| Stages of Prenatal development | Prenatal Development |
| Teaching Children the Facts of Life | Prenatal Development |
| Toddlers--Cognitive | Growth and Development |
| Toddlers--Physical | Growth and Development |
| Toddlers--Social/Emotional | Growth and Development |
| Value of Studying Children | Overview |

# CDA--CHILD DEVELOPMENT

| CDA | LESSON/OPTION | UNIT |
|---|---|---|
| I | | |
| 1-SAFETY | TODDLERS--PHYSICAL<br>OPTION 3<br>OPTION 4 | GROWTH AND DEVELOPMENT |
| 2-HEALTH | NEONATE--OVERVIEW<br>OPTION 2 | GROWTH AND DEVELOPMENT |
| | NEONATE--PHYSICAL<br>OPTION 4 | |
| | TODDLERS--PHYSICAL<br>OPTION 7 | |
| | PRESCHOOL--PHYSICAL<br>OPTION 4<br>OPTION 5<br>OPTION 6 | |
| 3-SPACE | LEARNING CENTERS/ROOM ARRANGEMENT<br>OPTION 1<br>OPTION 2 | CHILD CARE LAB |
| II | | |
| CREATIVITY | PRESCHOOLER--SOCIAL/EMOTIONAL<br>OPTION 8 | GROWTH AND DEVELOPMENT |
| 4-PHYSICAL | INFANTS--PHYSICAL<br>OPTION 5<br>OPTION 9 | GROWTH AND DEVELOPMENT |
| 5-COGNITIVE | INFANTS--COGNITIVE<br>OPTION 3<br>OPTION 5 | GROWTH AND DEVELOPMENT |
| | TODDLERS--COGNITIVE<br>OPTION 2<br>OPTION 3<br>OPTION 4 | |

III

| | | |
|---|---|---|
| 1-SOCIAL | PRESCHOOLER--SOCIAL/EMOTIONAL<br>OPTION 6 | GROWTH AND DEVELOPMENT |
| 8-SELF | PARENTING RESPONSIBILITIES<br>OPTION 2 | RESPONSIBILITIES RELATED TO THE CHILD |
| | NURTURING/BONDING<br>OPTION 2<br>OPTION 2<br>OPTION 3<br>OPTION 4<br>OPTION 5 | RESPONSIBILITIES RELATED TO THE CHILD |
| | SELF-CONCEPT<br>OPTION 2<br>OPTION 2<br>OPTION 3<br>OPTION 4<br>OPTION 5<br>OPTION 6<br>OPTION 7 | RESPONSIBILITIES RELATED TO THE CHILD |
| | NEONATE--OVERVIEW<br>OPTION 6<br>OPTION 7 | GROWTH AND DEVELOPMENT |
| | INFANTS--SOCIAL/EMOTIONAL<br>OPTION 4 | GROWTH AND DEVELOPMENT |
| | TODDLERS--SOCIAL/EMOTIONAL<br>OPTION 2 | GROWTH AND DEVELOPMENT |
| 9-SOCIAL | INFANTS--SOCIAL/EMOTIONAL<br>OPTION 3<br>OPTION 5<br>OPTION 6<br>OPTION 7<br>OPTION 8 | GROWTH AND DEVELOPMENT |
| 10-GUIDANCE | TODDLERS--SOCIAL/EMOTIONAL<br>OPTION 4<br>OPTION 7 | GROWTH AND DEVELOPMENT |

| | | |
|---|---|---|
| **IV** | PARENTING RESPONSIBILITIES<br>OPTION 9 | RESPONSIBILITIES RELATED TO THE CHILD |
| | CHILD CARE LAB<br>OPTION2 | CHILD CARE LAB |
| | LESSON PLANS<br>OPTION 1<br>OPTION 2 | CHILD CARE LAB |
| **V**<br>13-PROFESSIONALISM | CHILD DEVELOPMENT THEORIES<br>OPTION 2<br>OPTION 3<br>OPTION 5<br>OPTION 6 | RESPONSIBILITIES RELATED TO THE CHILD |
| | INFANTS--COGNITIVE<br>OPTION 2 | GROWTH AND DEVELOPMENT |
| | CHILD CARE LAB INTRODUCTION<br>OPTION 3<br>OPTION 4<br>OPTION 6 | CHILD CARE LAB |
| **VI**<br>OBSERVATION | CHILD DEVELOPMENT THEORIES<br>OPTION 4 | RESPONSIBILITIES RELATED TO THE CHILD |
| | INFANTS--PHYSICAL<br>OPTION 4 | GROWTH AND DEVELOPMENT |
| | INFANTS--COGNITIVE<br>OPTION 5<br>OPTION 6 | GROWTH AND DEVELOPMENT |
| | TODDLERS--SOCIAL/EMOTIONAL<br>OPTION 8 | GROWTH AND DEVELOPMENT |
| | CHILD CARE LAB<br>OPTION 5 | CHILD CARE LAB |

**VII**

| | | |
|---|---|---|
| | TODDLERS--PHYSICAL<br>OPTION 2<br>OPTION 5<br>OPTION 6<br>OPTION 8<br>OPTION 9 | GROWTH AND DEVELOPMENT |
| | TODDLERS--SOCIAL/EMOTIONAL<br>OPTION 6 | GROWTH AND DEVELOPMENT |
| ECD | INFANTS--PHYSICAL<br>OPTION 3<br>OPTION 4<br>OPTION 5<br>OPTION 6<br>OPTION 10 | GROWTH AND DEVELOPMENT |
| | INFANTS--COGNITIVE<br>OPTION 6<br>OPTION 7<br>OPTION 8 | GROWTH AND DEVELOPMENT |
| | TODDLERS--SOCIAL/EMOTIONAL<br>OPTION 3 | GROWTH AND DEVELOPMENT |
| | PRESCHOOLERS--PHYSICAL<br>OPTION 2<br>OPTION 3 | GROWTH AND DEVELOPMENT |
| | PRESCHOOLERS--COGNITIVE<br>OPTION 2<br>OPTION 3 | GROWTH AND DEVELOPMENT |
| | PRESCHOOLER--SOCIAL/EMOTIONAL<br>OPTION 2<br>OPTION 3<br>OPTION 4<br>OPTION 7 | GROWTH AND DEVELOPMENT |

UTAH FAMILY EDUCATIO

1

GENERA

Enrolled Copy
H. B. No. 403

An act relating to public education; requiri
protections provided for family and studen
policies to receive written parental permiss
from a student relating to the student's fam
parents.

This act affects sections of Utah Code ann
Enacts:
53A-13-301, Utah Code Annotated
53A-13-302, Utah Code Annotated

Be it enacted by the Legislature of the state

Section 1. Section 53A-13-310, Utah Cod
Part 3. Utah Family Education Righ
53A-13-301. Application of federal
schools.

1. Employees and agents of the state's
the protections provided for family a
Education Rights and Privacy Act, a
the administration and operation of
source of funding.
2. Each public school district shall ena
and student privacy as required by t

Section 2. Section 53A-13-302, Utah Cod
53A-13-3-2. Prohibition of testing wi
consent -- Qualifications.
Policies adopted by a school district
prohibitions on:

1. The administration of any psycholog
treatment, without the prior written c
guardian, in which the purpose or ef
student's or any family member's:

# JCATION RIGHTS AND PRIVACY ACT
1994
GENERAL SESSION

By Rob W. Bishop
Kevin S. Garn

n; requiring school personnel to comply with
id student privacy; requiring school districts to enact
al permission prior to obtaining certain information
dent's family; and requiring advanced disclosure to

Code annotated 1953 as follows:

nnotated 1953
nnotated 1953

of the state of Utah:

Utah Code Annotated 1953, is enacted to read:
ation Rights and Privacy Act
of federal law to administration and operation of public

the state's public education system shall comply with
or family and student privacy under the Utah Family
acy Act, as enacted by the United States Congress, in
eration of all public school programs, regardless of the

t shall enact policies governing the protection of family
quired by this section.

Utah Code Annotated 1953, is enacted to read:
f testing without prior written consent -- Validity of

ool district under Section 53A-13-301 shall include

psychological or psychiatric examination, test, or
or written consent of the student's parent or legal
rpose or effect is to reveal information concerning the
ember's:

   a. political affiliations or philosophies;
   b. mental or psychological problems;
   c. sexual behavior, orientation, or attitudes;
   d. illegal, anti-social, self-incriminating, or demeaning behavior;
   e. critical appraisals of individuals with whom the student or family member has close family relationships;
   f. religious affiliations or beliefs;
   g. legally recognized privileged and analogous relationships, such as those with lawyers, medical personnel, or ministers; and
   h. income, except as required by law.

2. The prohibitions regarding the inquiry or disclosing of information under Subsection (1) shall also apply to the curriculum or other school activities unless prior written consent of the student's parent or legal guardian has been obtained.
3. Written parental consent is valid only if a parent or legal guardian has been first given written notice and a reasonable opportunity to obtain written information concerning:
   a. records or information, including information about relationships, that may be examined or requested;
   b. the means by which the records or information shall be examined or revised;
   c. the means by which the information is to be obtained;
   d. the purposes for which the records or information are needed;
   e. the entities or persons, regardless of affiliation, who will have access to the personally identifiable information; and
   f. a method by which a parent of a student can grant permission to access or examine the personally identifiable information.
4. a. Except in the case of exigent circumstances, disclosure to a parent or legal guardian must be given at least two weeks, but not more than five months before information protected under this section is sought.
   b. A general consent, including a general consent used to approve admission to or involvement in a special education or remedial program or regular school activity, does not constitute written consent under this section.

# BOOK LIST FOR CHILD DEVELOPMENT

Read to Me: Raising Kids Who Love to Read, Bernice E. Cullinan, ISBN #0-590-46613-5

Help Your Child Learn to Read, Betty Root, ISBN # 0-7460-0224-6

| **TITLE** | **AUTHOR** | **ISBN#** |
|---|---|---|
| ALL ABOUT YOU<br>Infant--Physical | Anholt, Catherine and Laurence | 0-590-46988-6 |
| AND TO THINK I SAW IT ON MULBERRY STREET<br>Creativity | Dr. Suess | |
| BARTHOLOMEW AND THE OOBLICK<br>Preschool--Social/Emotional | Dr. Suess | |
| COURDUROY AND THE MISSING BUTTON<br>Self-Concept | | |
| DRESSING<br>Neonate--Physical | Oxenbury, Helen | 0-671-42113-1 |
| EACH PEACH PEAR PLUM<br>Toddler, Cognitive | Ahlberg, Janet and Allan | 0-14-050639-X |
| FIVE MINUTES PEACE<br>Parenting Responsibilities | Murphy, Jill | 0-590-44389-5 |
| FOR EVERY CHILD, A BETTER WORLD<br>Challenging Times | Kermit the Frog (Jim Henson) | 0-307-15628-1 |
| FREE FALL<br>Preschool--Cognitive | | 0-590-45983-X |
| FRIENDS<br>School age, Social/Emotional | Heine, Helme | 0-689-50256-7 |
| GERALDINE'S BLANKET<br>Toddler--Social/Emotional | Keller, Holly | 0-688-07810-9 |
| GOOD AS NEW<br>Nurturing | | 0-688-08739-6 |
| GOOD DOG, CARL<br>Childcare Provider | Day, Alexandra | 0-88138-062-8 |
| GRANDPA BOB<br>Challenging Times | | |
| GREGORY, THE TERRIBLE EATER<br>Infant--Physical | Sharmat, Mitchele | 0-590-43350-4 |
| HOW MUCH IS A MILLION<br>School age, Cognitive | Schwartz, David M. | 0-590-43614-7 |

| | | |
|---|---|---|
| HUMBUG WITCH<br>Play | Balian, Loran | 0-678-37105-8 |
| I CAN DO IT MYSELF<br>Toddler--Physical | Kingsley, Emily Perl | 0-307-23104-6 |
| I HATE TO READ<br>Reading | Marshall, Rita | 1-56846-005-8 |
| I HAVE A SISTER, MY SISTER IS DEAF<br>Genetics | Peterson, Jeanne Whitehouse | 0-06-443059-6 |
| I LOVE YOU AS MUCH...<br>Bonding | Melmed, Laura Krauss | 0-688-11718-X |
| I SPY<br>Play | Carson, Carol Devine | 0-590-45087-5 |
| I STARTED SCHOOL TODAY<br>Value of Studying Children | Frandsen, Karen G. | 0-561-4395-0 |
| I WAS SO MAD<br>Toddler--Social/Emotional | Mayer, Mercer | 0-307-11939-4 |
| IF YOU GIVE A MOOSE A MUFFIN<br>Preschool--Cognitive | Numeroff, Jaura Joffe | 0-590-45508-7 |
| IF YOU GIVE A MOUSE A COOKIE<br>Preschool--Cognitive | Numeroff, Jaura Joffe | 0-06-024586-7 |
| IMOGENE'S ANTLERS<br>Preschool--Physical | Small, David | 0-517-56242-1 |
| IRA SLEEPS OVER<br>Toddler--Social/Emotional | Waber, Bernard | 0-395-20503-4 |
| IS YOUR MAMA A LLAMA?<br>Parenting Responsibilities | Guarino, Deborah | 0-590-44725-4 |
| IT LOOKED LIKE SPILT MILK<br>Creativity | Shaw, Carles G. | 0-590-42875-6 |
| ITCHY, ITCHY CHICKEN POX<br>Childhood Diseases | Maccrone, Grace | 0-590-44948-6 |
| JUST BECAUSE I AM<br>Self-Concept | Payne, Lauren Murphy | 0-915793-60-1 |
| JUST GOING TO THE DENTIST<br>First Aid | Mayer, Mercer | 0-307-62583-4 |
| KING BIDGOOD'S IN THE BATHTUB<br>Theories | Wood, Audrey | 0-590-47499-5 |
| LEO THE LATE BLOOMER<br>Self-Concept | | |

| | | | |
|---|---|---|---|
| LOOK! LOOK! LOOK! | Toddler--Cognitive | Hoban, Tana | 0-590-42908-6 |
| MAGIC EYE--A NEW WAY OF LOOKING AT THE WORLD | Theories | | 0-8362-7006-1 |
| ME, TOO | School age--Social/Emotional | Mayer, Mercer | 0-307-11941-6 |
| MORE SPAGHETTI, I SAY! | Nutrition | Golden Gelman, Rita | 0-590-45783-7 |
| N-O SPELLS NO! | Positive Guidance | Slater, Teddy | 0-590-44186-8 |
| NEVER TALK TO STRANGERS | Challenging Times | Joyce, Irma | 0-307-10396-7 |
| NOW ONE FOOT, NOW THE OTHER | Challenging Times | DePaola, Tomie | 0-440-84299-9 |
| ON THE DAY YOU WERE BORN | Neonate--Overview | Frasier, Debra | 0-15-257995-8 |
| OWLEY | Infant--Social/Emotional | | |
| PEOPLE | School age--Physical | Spier, Peter | 0-385-24469-X |
| ROUND ROBIN | Nutrition | Kent, Jack | 0-590-759345 |
| SAM'S SANDWICH | Nutrition | Pelham, David | 0-525-44751-2 |
| SIGN LANGUAGE ABC with Linda Bove | Genetics | | 0-934-87516-8 |
| THE BERENSTAIN BEARS AND TOO MUCH TV | | Berenstain, Stan and Jan | 0-394-86570-7 |
| THE BULLY BROTHERS TRICK THE TOOTH FAIRY | School age--Physical | Thaler, Mike | 0-448-40519-9 |
| THE COW THAT WENT OINK | Genetics | Most, Bernard | 0-15-220195-5 |
| THE GIVING TREE | Nurturing | Silverstein, Shel | 0-06-025665-6 |
| THE GROUCHY LADYBUG | School age--Social/Emotional | Carle, Eric | 0-06-443116-9 |

| | | |
|---|---|---|
| THE HOMELESS HIBERNATING BEAR<br>Challenging Times | Kids Livin' Life | 188272306-6 |
| THE NAPPING HOUSE<br>Preschool--Physical | Wood, Audrey | 0-15-256708-9 |
| THE NEW BABY<br>Neonate--Overview | Meyer, Mercer | 0-307-11942-4 |
| THE PAPER BAG PRINCESS<br>Adolescence | Munsch, Robert N. | 0-920236-16-2 |
| THE SANDMAN<br>Toddler--Physical | Shepperson, Rob | 0-374-46450-2 |
| THE TROUBLE WITH DAD<br>Parenting Responsibilities | Cole, Babbette | 0-399-21467-4 |
| THE TROUBLE WITH GRAN<br>Parenting Responsibilities | Cole, Babbette | 0-339-21791-6 |
| THE TROUBLE WITH MOM<br>Parenting Responsibilities | Cole, Babbette | 0-689-20681-9 |
| THE VERY HUNGRY CATERPILLAR<br>Nutrition | Carle, Eric | 0-590-03029-9 |
| THE VERY QUIET CRICKET<br>Infant--Cognitive | Carle, Eric | 0-399-21885-8 |
| THE WILD CHRISTMAS REINDEER<br>Positive Guidance | Brett, Jan | 0-399-22192-1 |
| THE WRETCHED STONE<br>Adolescence | Van Allsburg, Chris | 0-395-23307-4 |
| THERE'S A LOT I CAN DO<br>Toddler--Physical | | |
| THERE'S A MONSTER IN MY CLOSET<br>Toddler--Social/Emotional | | |
| THIS IS ME<br>The Value of Studying Children | Falkner, Keith | 0-321-00967-4 |
| THOMAS' SNOWSUIT<br>School age--Social/Emotional | Munch, Robert | 0-920303-33-1 |
| TOILET TALES<br>Toddler--Physical | von Koningslow, Andrea Wayne | 0-920303-13-7 |
| UPSIDE DOWN DAY<br>Theories | Thaler, Mike | 0-380-89999-X |
| WHAT ARE BABIES LIKE<br>Neonate--Safety | Stortz, Diane | 0-87403-312-8 |

| | | |
|---|---|---|
| WHAT'S INSIDE?<br>Pregnancy | D.K. Direct Limited | 1-56458-004-0 |
| WHAT'S INSIDE MY BODY<br>Prenatal | Kindersley, Dorling | 0-590-45534-6 |
| WHEN THE TV BROKE<br>Media Influence | Aiefert, Harriet | 0-14-050984-4 |
| WHERE THE WILD THINGS ARE<br>Toddler--Social/Emotional | Sendak, Maurice | 0-06-443178-9 |
| WHO WANTS ARTHUR?<br>Self-Concept | | |
| WEIRD PARENTS<br>Parenting Responsibilities | | |
| WILL YOU STILL LOVE ME?<br>Nurturing | Walton, Rick | 0-87579-582-X |
| YOU WERE SMALLER THAN A DOT<br>Male and Female Reproduction | | |
| YOU'RE THE SCAREDY-CAT<br>Toddler--Social/Emotional | Mayer, Mercer | 1-879920-01-8 |

---

**UNIT:** Overview of Child Development **LESSON:** Value of Studying Children
**TIME:** 1 day

---

## COMPETENCIES:

1. Evaluate the reasons for learning about children. (Options 1 and 2)
2. Recognize how development during early childhood impacts individuals as adults. (Options 4 and 5)
3. Identify factors in personal life that have impacted growth and development. (Options 3, 4, 5, and 6)
4. Evaluate the impact of society on children and children on society, past and present. (Option 8)

---

**OVERVIEW/SUMMARY:** The study of children should be an important part of every person's life. We cannot communicate with children if we do not understand them. Our lives have been greatly influenced by our childhood and our experiences.

---

## MOTIVATOR:

The teacher could introduce herself/himself by unpacking a suitcase full of items that in some way represent his/her life. The type of suitcase or bag used to hold the items tells a lot about the teacher. For example: an athlete would probably use a sports bag, a hiker or biker might use a fanny pack, etc. Inside the suitcase or bag could be shirts with symbols or sayings that represent the teacher's feelings, a picture of a pet or family member, a favorite candy bar, something that represents a hobby, etc. It should be a fun introduction that tries to help each class member identify with the teacher in some way.

---

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: I Started School Today or This Is Me
JOURNAL ENTRY: My first day of school.

OPTION 2--Competency 1
CHILD DEVELOPMENT IS: Have the students brainstorm answers to complete the sentence "Child Development is..." then have each student stand and introduce him/herself and share his/her answer. (You may wish to have them share why they are taking the class and/or how it could help them in their lives. After students have shared their ideas, compare their definitions with one in a text (or your own) and discuss your philosophy concerning children, child development, and the course in general.

OPTION 3--Competencies 1 and 2
EARLY CHILDHOOD SCENARIOS: With the class in small groups, complete the early childhood scenarios. Be sure to discuss the importance of parents providing a strong foundation for children during their childhood. Discuss the "Scenario Review" with the class.

OPTION 4--Competencies 2 and 3
MY CHILDHOOD WAS . . . : In class, have the students write a letter to themselves describing a childhood experience. At the end of the letter, have them write their feelings about how this has and/or will affect them in life.

OPTION 5--Competencies 2 and 3
EVALUATING YOUR PERSONAL DEVELOPMENT: Have the students complete the "Evaluating Your Personal Development" student worksheet. Remind them that childhood is an important time that will affect their entire lives. When they become parents, it is vital that they do all they can to provide a strong foundation for their children to help them grow and develop into physically, socially, emotionally, and mentally healthy individuals. Looking into their own childhood can help them recognize positive or negative parenting techniques from which they can learn.

OPTION 6--Competencies 2 and 3
PERSONAL EXPERIENCES: Have students write a list of at least six experiences they remember from childhood. They should then write a short sentence explaining how each of these experiences has affected their lives. (You may wish to have them select one event and write an essay on the affect it has had in their lives.) CAUTION: Many of these events are very personal to the students and should not be shared with the class unless a student has given specific permission for you to do so.

OPTION 7--Competencies 2 and 3
PERSONAL SUITCASE: Have students prepare a suitcase like the one used in the introduction. They can then introduce themselves to the rest of the class and share insights relating to their childhood and their present lives.

OPTION 8--Competency 4
PAINTINGS OF CHILDREN: Show the class the various paintings of children as you discuss the information given with this lesson.

OPTION 9--Competency 2
Ask the students: "If I want my child to grow up to be a physically healthy individual, what are some specific things I should do?" Write their responses on the board. Answers should include the following:

Feed them good food
Make sure they have plenty of rest
Provide them with clothing and shelter
Take them to the doctor for regular checkups and when they are ill
Have them immunized

You must constantly nourish children from the moment they are born. Review the transparency, "Encouraging Growth in the Child." Discuss how all aspects of the child's life must be nurtured.

## RESOURCES:

This Is Me. ISBN 0-321-00967-4

Further information about children, past and present may be found in The Developing Child, pages 22-25. PAST AND PRESENT Fifth Edition.

A Child's World: Infancy Through Adulthood, Diane E. Papalia and Sally Wendkos Olds, McGraw Hill Book Co., New York, NY, 1975. ISBN 0-07-048450-3.

A History of Art and Music, H.W.A. Janson and Joseph Kerman, Prentice-Hall, Inc., Englewood Cliffs, N.J., ISBN: 0-13-0389312-X.

Childcraft, Volume 13, Art and Music, Field Enterprises, Inc., Chicago, 1949.

Children, 2nd Edition, John W. Santrock, Wm. C. Brown Publishers, Dubuque, IA., 1988. ISBN: 0-697-10496-6.

Looking At Paintings of Children, Peggy Roalf, Hyperion Books for Children, N.Y., 1993, ISBN: 1-56282-309-4.

The Developing Child Understanding Children and Parenting, Holly E. Brisbane, Glencoe Publishing Co., Mission Hills, CA., 1988. ISBN: 0-02-675910-1.

## EARLY CHILDHOOD SCENARIOS

Ask the students if they feel that what happens to a person in early childhood impacts him/her in life. Discuss their ideas. Place the students into groups of four or five. Tell them that you are going to read to them several situations or scenarios and you would like them to discuss how they think the person highlighted in the scenario would be as an adult. Have them write down their conclusions for each scenario to be discussed with the entire class. Allow them 2-4 minutes for each report.

1. Vincent is the eighth child in a family of ten children. His biological father fathered him and two of the girls in his family. The rest of the children have been fathered by various other men. His mother is raising all ten children on her own. The family lives on the "other side of town" or in the ghettos. They have a three-room house with no indoor plumbing and only two beds. Most of the children sleep on the floor. Vincent is known to be a bully who throws rocks at cars and at children's heads. He also beat up his girl cousin with a baseball bat. He has aimed loaded guns at people. His mother beats and whips him regularly, trying to get him to stop his negative behavior.

2. Tonya is an only child. Her parents got a divorce when she was very young. Her mother, with whom Tonya lives, has to work outside of the home to support the family. Her mother often beats her and emotionally abuses her. Her mother often tells Tonya that she is not good.

3. Jeff lives in a traditional family with a younger brother and his parents. His family is very religious. His parents are very supportive and loving. They strive to provide a nurturing atmosphere in their home. Jeff's parents occasionally argue. For the most part, Jeff's family fits the profile of a typical, traditional family.

4. Charlie's mom was 15 and unmarried when he was born. Because she was so young and unprepared for the responsibilities of raising a child, Charlie spent most of his early childhood in foster homes with many different substitute parents. Charlie is now 12 years old and his mother has given him to social services to find a home for him.

After completing all of the scenarios, tell the class who the person is.

1. Vincent Edward Jackson, or Bo Jackson, overcame the abuse and hardships of his childhood and is one of the only athletes to have ever played two different professional sports.

2. Tonya Harding was the 1994 United States National Figure Skating Champion and also represented the United States in the 1994 Winter Olympics in Lillihammer, Norway. She was involved in a scandal in which figure skater Nancy Kerrigen, her rival, was attacked.

3. Jeffrey Dahmer confessed to brutally killing 17 men and even keeping some of their body parts in his freezer for months, as well as eating some of their flesh. He is one of the most horrifying murderers known in the United States.

4. Charlie is Charles Manson; he was the mastermind of Helter-Skelter, or the Tata/LaBianca murders. This was a two-day killing spree in which seven people were left mutilated and dead.

Discuss how some individuals can overcome great obstacles in their childhood while others allow themselves to be victims or to fail due to their early environment. There is no question that we are influenced and molded by our childhood. **However, it is how we react to these influences that is vital for personal success. You can choose to overcome or succumb to negative situations and influences in your own childhood, like these people we have discussed.**

It is imperative that you, as future parents, strive to build and provide a positive base for your own future children or for any children you are in contact with in your life. This does not guarantee that the children will have successful, happy lives, but it certainly gives them a head start at life.

# SCENARIO REVIEW

How many of you are kind to younger children? For example, if your little sister uses your favorite cologne or perfume, do you sweetly smile and compliment her on how nice she smells, or do you yell at her and tell her to stay out of your belongings?

How about if your tiny baby nephew or baby brother is crying nonstop and you are trying to watch your favorite television show or listen to your new CD? Do you gently pick him up and try to comfort him with a loving lullaby, or do you yell at your mom to get that kid and shut him up!

It seems that even though we have experienced being a child, it is very difficult for an adult to see things through the eyes of a child. However, if you wish to help children reach their full potential, you must learn to feel empathy for them and the things that are important to them. Think back to when you were in elementary school. How did you feel about things then?

In one of his columns, Paul Harvey stated:
"Technologically and scientifically, man has risen to unbelievable heights. Man is surrounded by the trophies he has won, the frontiers he has conquered, the mountains of textbooks he has written and rewritten, and remains yet utterly confounded by what he sees in the mirror. We now know much about the mysterious forces around us, but little about the mysterious forces within us. Man has explored almost everything in the universe except the explorer. Therefore, the most pressing need we have today, to insure our survival, is for man to understand man."

Each year six million Americans take a step that will significantly change their own lives and profoundly affect the next generation: they have children. How these children are raised will have a greater impact on our society than the way we vote, what we contribute to technology, the labor force, and the creative arts. In other words, the most important aspect of an adult's life and living in our world today is how we teach, guide, provide for, and love our children. Unfortunately, we spend more time, money, and energy on how to raise animals and repair cars than we do on how to rear children.

This child development class will provide you with knowledge that will be very useful to you at various times throughout your life. You will learn about the nature of children and some practical skills in caring for children, and you will receive hundreds of ideas and activities to make teaching, parenting, and caring for children easier and more rewarding.

OPTION 5--VALUE OF STUDYING CHILDREN STUDENT

NAME ______________________________ HOUR ______________

## EVALUATING YOUR PERSONAL DEVELOPMENT

Examine your present personality--what you like and do not like, how you react to things or people, what your habits are, etc. Identify three or four factors in your childhood that have influenced your personal development and have aided in forming your present personality. These factors may be individuals, events, places, etc. Using the space below, write about these influences and how you feel about them. Include ideas that you as a parent or caregiver may do differently and what you would do the same with your own children or children for whom you may care.

# PAINTINGS OF CHILDREN

Art has given people an expression in which to tell or explain themselves and their surroundings or beliefs. Art also teaches history. Throughout the ages, children have been a favorite subject for painters. This series of pictures will explain how children have been viewed by society, parents, and adults throughout history.

PICTURE: Children Playing on the Beach, Artist: Mary Cassatt
Development of children was once divided into two stages: the first being infancy, which was the longest, and then adulthood.

PICTURE: Portrait of a Boy, Artist: Unknown
Children were depicted in art as early as the second century. This picture was drawn by an unknown artist from Egypt. The boy's name is Eutyches. The painting is drawn on a piece of wood paneling. All materials were made from natural materials such as clay, charred bone or soot, chalk, or oyster shells. Paints were burned in by melting beeswax over a hot fire and combining it with various pigments. When the painting was complete, the artist passed a hot metal pan over the surface to burn in the colors. This permanently bonded them to the wood. Notice the clothing of the period. This white robe with a black stripe also bears a Greek inscription on the front that spells the child's name. The portrait was found in Eutyches tomb, wrapped with his mummy.

PICTURE: Edward VI as a Child, Artist: Hans Holbein
Hans Holbein of Germany is the artist of this painting. He became the official painter of England's King Henry VIII in 1536. In this portrait of a 2-year-old, you will see that children were considered as miniature adults. They were often given their lifelong nobility or career from the time of birth. As you see, children were dressed as miniature adults, with the royal robe and hat and a somewhat childlike face. This painting used real gold and a costly red pigment; the materials suitable for the son of a king.

PICTURE: Giovanni De'Medici at Eighteen Months, Artist, Agnolo Bronzino
Children were often given their birthright at the time of birth. For Giovanni De'Medici, his inheritance was to become a clergyman. His older brother was to inherit his father's title. Giovanni's wine-colored tunic symbolized the red robes worn by Cardinals of the Catholic Church. Notice that the baby's amused expression seems more adult than childlike. His tousled hair and chubby hands contrast the stiff pose and elaborate costume. Bronzino referred to this child as an angel. Throughout the Middle Ages, children were characterized as cherubs or angels. Adults naturally imposed adult standards for children's behavior, not seeing any significant contribution that children made to their own development.

PICTURE: Children's Games, Artist: Pieter Brueghel
Pieter Brueghel often detailed the joys and sorrow of Flemish peasantry in his work. For sixteenth-century farmers, life consisted of labor, high taxes, and war. Young people worked as hard as their parents. When work came to a halt for celebrations and holidays, children played as hard as they worked. This is the message of Brueghel's painting. In this picture, over 80 games or activities are shown. Many of the games you see are marbles, rolling hoops, and blindman's bluff. If we had a closer view of this picture, we would see older faces on each child. Bruegal shows his sympathy for peasant children forced to share adult responsibilities.

PICTURE: Embryo in the Womb, Artist: Leonardo da Vinci
During the Renaissance, many artists began studying human anatomy and the human body. There was much debate and speculation on the nature of children and how they should be reared. The concept of original sin was introduced and argued that all children were born bad and that through parenting, children would gain their salvation. Leonardo da Vinci was dedicated to art and science. At this point we see the introduction of perspective in paintings and sculpture. The Embryo in the Womb is one of hundreds of drawings and notes that da Vinci wanted to make into an encyclopedia. It has been used by anatomists and biologists to provide "sight and insight."

PICTURE: Industrial Revolution, Artist: Unknown
During this age, people were believed to be things and were full of enlightenment. Art finally returned to reason, nature, and morality. Because of the American Revolution and the French Revolution, many children were put into factories and used as cheap labor. Children worked long hours, were given hard labor, and were in very unsafe and unhealthy conditions. Children were often looked upon as objects to be used to increase status or resources. Male children were more valuable because of their physical ability to work hard on farms and in fields. There was also the philosophy that parents should have many children because so many children died in childhood that only a few would be left to grow into adulthood. Many children died at birth; later many were lost because of childhood diseases and poor sanitation conditions. By the end of the seventeenth century John Locke argued that children were not innately bad but were blank tablets on which to develop experience and characteristics. Locke believed that childhood experiences were important factors to becoming adults and directly affected their characteristics as adults. He encouraged parents to spend time with children and to help them become contributing members of society.

PICTURE: Baby in Red High Chair, Artist: Unknown
During the 1800s, children finally reached a level of simplicity. This artist captured the angelic expression of a sleeping infant. Notice the delicate features of the baby's skin and hair. The painter emphasized the softness of the baby, its clothing, and its blanket. The technique used here looks very modern even though it was completed almost 200 years ago. This was the very beginning of American Folk Art. During the eighteenth century, Rousseau agreed with Locke that children were not bad, but he did not consider them as blank tablets, either. He said, "Children are inherently good. They should be permitted to grow naturally with little parental monitoring."

PICTURE: Calm Morning, Artist: Frank W. Benson
At the beginning of the 1900s, children began to be looked upon as being different from adults. They had different needs than adults. They needed different clothing, food, and different activities. Many men began studying children as a science and formed the basic child development theories that are used today. In this painting, Benson posed three of his children to use traditional perspective, creating an illusion of depth and space.

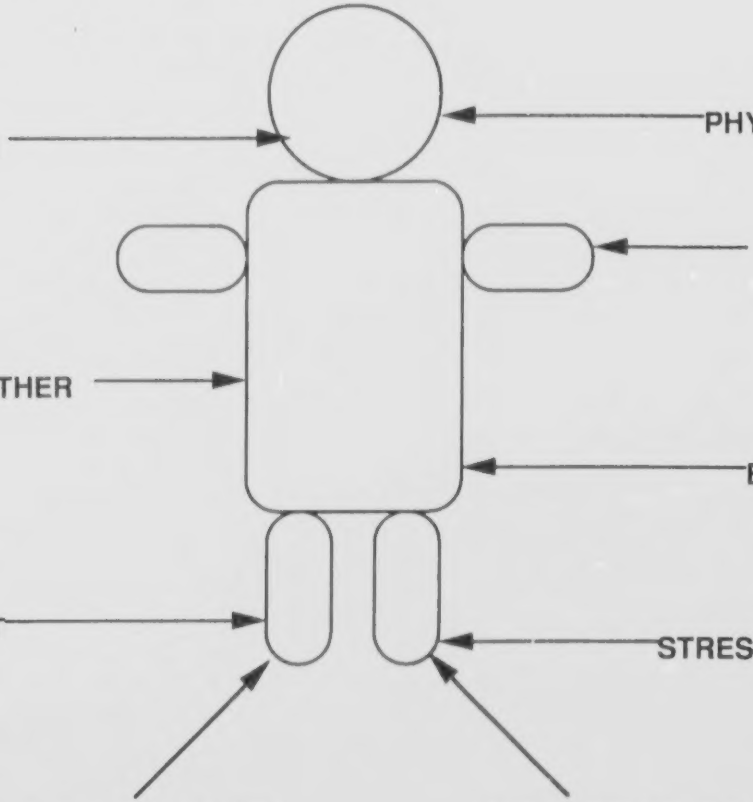
PICTURE: Nellie With Toy, Artist: Otto Dix
In this painting, painted in 1925, Dix shows us the emotions of a young child struggling to assert her will. In front of her she shows her power through her toys, the wooden ring, and pink ball. She confronts the viewer with tears in her eyes as she challenges her authority. This shows man's understanding of the wide range of children's emotions and the need for them to learn, grow, and understand.

PICTURE: Girl on Balcony, Artist: Fernando Botero
Today children are looked upon as funny, cute, tiresome, busy, curious, and difficult. Botero, in 1983, captured the gentle sense of humor of children in his majestic figure of this young girl. Notice her shape is almost balloon like. Also notice the tiny facial features and small hands. Botero did not mean for this painting to be satirical or mean but to capture this figure in an almost cartoon-like fashion.

As you can see, man and children have come a long way. There is much to study before understanding the ever-changing behavior of children on their journey to adulthood. In the last 150 years, child development philosophies have changed dramatically. We now consider childhood a highly eventful and unique period of life. We know that children pass through distinct periods in which special skills are mastered and new life tasks are confronted. Childhood is a special time of growth and change.

# ENCOURAGING GROWTH IN THE CHILD

ENCOURAGING GROWTH IN THE CHILD



QUALIFIED CAREGIVER

PHYSICAL PROTECTION

REALISTIC EXPECTATIONS

BONDING WITH MOTHER/FATHER

EMOTIONAL SUPPORT

DAILY CONTACT

STRESS SUPPORT

LIFELONG RELATIONSHIPS

APPROPRIATE ROLE MODELS

**UNIT:** Responsibilities Related to the Child
**LESSON:** Parenting Responsibilities
**TIME:** 1-2 days

## COMPETENCIES:

1. Identify the responsibilities of society to children. (Option 8)
2. Evaluate factors to consider to determine personal preparedness for parenthood (i.e., biological, social, emotional, financial, educational). (Options 3, 4, 5, 6,7, 8, 9, 10, and 11)
3. Discuss how parenting skills are learned. (Options 3, 4, 5, 6, 8, and 11)
4. Evaluate the rights of children and parents. (Options 2, 6, and 8)

## OVERVIEW/SUMMARY:

There are many responsibilities related to caring for children. Many times, we see only the fun and positive outings, parties, and happy moments adults spend with children. There are also teaching moments that are very difficult. It is vital to learn how to handle the more difficult aspects of dealing with children, as well as learning how to positively reinforce them.

## MOTIVATOR:

Show the students the short clip from "Mary Poppins" where the children have written an advertisement for a nanny. Discuss the pros and cons of the children's ad.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Is Your Mama A Llama, Wierd Parents, Five Minutes Peace, or The Trouble With Mom.
JOURNAL ENTRY: My favorite family tradition.

OPTION 2--Competency 4--**CDA III--SELF**
A CHILD'S BILL OF RIGHTS: Using the transparency "A Child's Bill of Rights," have the students unscramble the sentences. As each sentence is unscrambled, discuss each section with the students, allowing the students to share their ideas. Have the students write a want ad describing the qualities a child might look for in a parent. Students should write the ad as if it were to be placed in a newspaper. The roles should then be reversed. Have the students identify the parents' bill of rights and what parents might be looking for in a child. Hopefully, students will see that both parents and children basically want the same things: fairness, dependability, someone to confide in, etc. You may wish to complete this assignment in small groups rather than as individuals.

OPTION 3--Competencies 2 and 3
INTERVIEWS: Have the students interview parents and grandparents. Use the worksheet, "Parents and Grandparents Interview." Please note that the students do not interview couples. It will be more interesting if they interview a female from one relationship and a male from a different relationship. You may wish to assign students to interview a variety of family types: children under 5, children ages 6-18, no children at home, grandparents, parents with adult children that have moved back home, etc. When they complete the assignment, discuss a column that Ann Landers published. The column was the result of an informal survey of parents. Over half said they would not become parents if they had it to do over again. Discuss the findings of the students' survey. Divide the parents' responses into groups according to their ages: 15-20, 21-30, 21-40, 41-50, 51-60, 60+. Discuss how many in each group thought they were too old or too young to be parents. Students receive 10 points for each parent/grandparent interviewed.

OPTION 4--Competencies 2 and 3
A DAY IN THE LIFE OF A PARENT/GRANDPARENT: Have students interview a parent and a grandparent using the guide sheet, "A Day In the Life of A Parent/Grandparent." Discuss how parenting is a full-time job that never ends once a child is born. Parents must be very unselfish people.

OPTION 5--Competencies 2 and 3
GUEST SPEAKERS: Have a new parent come to class and share how having a baby has changed his/her life.

OPTION 6--Competencies 2, 3, and 4
PANEL: Have a panel of parents answer questions and share their views on how parenting has affected their lives. Panel members should include a single parent, a working parent, a dual-earner family, a stay-at-home parent, and a grandparent who has primary care of a grandchild. Have students prepare questions prior to listening to the panel. You may wish to use a question box, or have them write down their own questions. Either way the class must be prepared in order for the panel to be a success.

OPTION 7--Competency 2
COMPARING PARENTING TO OTHER CAREERS: Have the students complete the "Comparing Parenting to Other Careers" worksheet. Have students interview people in various jobs: teacher, airline worker, truck driver, banker, medical person, sales, athlete, etc. CAUTION: This assignment can make parenting look like an unrewarding job. Be sure to stress the positives of parenting. Discuss how raising a healthy child is more than a full-time job and the pay is not monetary. You may wish to use the transparency "PARENTING AS A CAREER" to review the information with the students.

OPTION 8--Competency 1
FAMILY LEAVE POLICY: Discuss the term maternity leave and paternity leave. Discuss how many businesses now provide much better benefits for working parents. Provide a list of local businesses and assign students to visit or call each employer and complete the maternity/paternity leave policy worksheet. Discuss the students' findings as a class when they are finished with the assignments. You may also want to discuss the new 1993 Federal Family Leave Policy and why it was written and why it was passed. (Rural communities may want to just discuss some of the policies of local businesses instead of trying to complete the student worksheet.) See information sheet "Maternity/Paternity Leave."

OPTION 9--Competency 2--**CDA V**
TIME SURVEY: After discussing the responsibilities of parenting, have the students complete the "Your Present Time and Responsibility Survey." Compute the results on the overhead "The Times of My Life." It would be very interesting to the students to have parents of different ages and stages of life complete this chart and then to share the results with the class.

OPTION 10--Competency 2
WOULD I MAKE A GOOD PARENT? Have students complete the worksheet "Would I Make A Good Parent?" Discuss the results with the class.

OPTION 11--Competency 2
IS PARENTING FOR ME? Divide the class into five groups. Have each group discuss all of the situations found on the "Is Parenting for Me?" information sheet. Assign each group a specific situation to discuss with the class. Class members should feel free to add their ideas as each group presents their decision to the class.

# A CHILD'S BILL OF RIGHTS

1. THE AND RELATIONSHIPS TO SECURE LOVING RIGHT HUMAN.
2. TO THE AND AND HEALTHFUL NUTRITION AND CONDITIONS RIGHT APPROPRIATE PHYSICAL PROPER PSYCHOLOGICAL CARE LIVING SAFE.
3. BE SKILLS ESSENTIAL THE TO TAUGHT RIGHT LIVING.
4. DISCIPLINE THE RIGHT NONABUSIVE TO.
5. THE TO AND LEARN VALUES MORAL BEHAVIOR RIGHT BASIC.
6. TO BE AND THE AN UNIQUE INDEPENDENT RIGHT INDIVIDUAL.
7. MAY RIGHT BE PEOPLE PARENTS WHO OR FROM TO THE MENTALLY INCLUDED HARM THEM PROTECTED PHYSICALLY.
8. TALENTS THE TO DEVELOP RIGHT INDIVIDUAL.

# A CHILD'S BILL OF RIGHTS

1. THE RIGHT TO LOVING AND SECURE HUMAN RELATIONSHIPS: It is important that infants and young children experience a close, loving relationship with parents or a good parent substitute. Someone must be present to attend to the infant's needs in a gentle, reliable way. Children should be held, cuddled, and stimulated through speech and play. They must also be protected from harm. Research shows that when early love and security are absent, infants cry more, smile less, vocalize less, are less attentive, and even come to reject physical closeness with human beings. It is from close relationships that parents gain their great power to teach and children gain their equally powerful desire to learn.

2. THE RIGHT TO PROPER NUTRITION, HEALTHFUL AND SAFE LIVING CONDITIONS, AND APPROPRIATE PHYSICAL AND PSYCHOLOGICAL CARE.

3. THE RIGHT TO BE TAUGHT ESSENTIAL LIVING SKILLS: Infants and young children are in no position to predict the skills that will be needed for future success and happiness in life. Effective parents must identify these skills and help their children master them.

4. THE RIGHT TO NONABUSIVE DISCIPLINE: Parents are responsible for teaching their children to follow basic rules of self-conduct without unnecessarily restricting their personal freedom. Teaching rules need not involve punishment.

5. THE RIGHT TO LEARN BASIC VALUES AND MORAL BEHAVIOR: Parents and teachers must give careful attention to identifying, demonstrating, and strengthening the basic values and morals that will help children be sensitive, respectful, and law-abiding.

6. THE RIGHT TO BE AN INDEPENDENT AND UNIQUE INDIVIDUAL: One of the greatest challenges of parenting is to teach a multitude of basic skills while still allowing children the freedom to develop as individuals. Each infant born into this world is unique. Parents must preserve and strengthen the positive aspects of this individuality as they teach.

7. THE RIGHT TO BE PROTECTED FROM PEOPLE, PARENTS INCLUDED, WHO MAY PHYSICALLY OR MENTALLY HARM THEM: It is everyone's responsibility to provide such protection for children. Many states have laws to protect concerned citizens who report to social-welfare agencies what they truly believe to be instances of child abuse. Child abuse may include sexual, emotional, or physical mistreatment as well as neglecting children's basic needs.

8. THE RIGHT TO DEVELOP INDIVIDUAL TALENTS: Each child is an individual with individual strengths and talents. Children have a right to be cared for by adults who will recognize their special talents and who will help them become all that their unique capabilities will allow.

NAME ______________________ HOUR ____________

## PARENT AND GRANDPARENT INTERVIEWS

DIRECTIONS: Complete the following information. Interview a grandparent, focusing on the areas listed below. Write a summary about what you learned in the interview. Have the person you interviewed sign this sheet, verifying the interview.

NAME OF PERSON YOU INTERVIEWED: ______________________

TYPE OF FAMILY RELATIONSHIP IN WHICH HE/SHE LIVES (single, dual earner, traditional, blended, etc.): ______________________

GRANDPARENT INTERVIEW:

1. How many grandchildren do you have? What are their ages?
2. What role do you play in the lives of your grandchildren?
3. What are the challenges of being a grandparent?
4. What are the rewards of being a grandparent?
5. Compare how children, in general, were raised during your childhood to how they are raised today. (Give specific examples, if possible.)
6. What activities do children do today that they would never have done when you were young?
7. At what age did you have your first child?
8. Do you feel that you were too young, just right, or too old to start a family?
9. If you had it to do over, would you have children?

GRANDPARENT SIGNATURE AND AGE ______________________

PARENTS:
Interview a mother and a father (from two different families) about the joys and responsibilities of parenting. As you interview them, focus on the areas listed below. After the interview, write a summary about what you learned from each interview. Have each parent sign this paper, verifying they were interviewed.

NAME OF PERSON YOU INTERVIEWED: ____________________________
TYPE OF FAMILY RELATIONSHIP IN WHICH HE/SHE LIVES (single, dual earner, traditional, blended, etc.): ________________________________________________

1. How does the responsibility of parenting compare with the other responsibilities in your life?
2. What, in general, should parents teach their children?
3. What have you learned from your children?
4. What do you most enjoy about the parent-child relationship?
5. What activities do you say "no" to?
6. What aspect of parenting do you feel most prepared for?
7. What aspect of parenting do you feel least prepared for?
8. Where did you learn parenting skills?
9. Where could new parents go to learn parenting skills?
10. What advice would you give to a couple who is considering becoming parents?
11. Compare how children were raised during your childhood and how they are raised today. (Give specific examples, if possible.)
12. What activities do children do today that they would never have done when you were young?
13. What challenges do children face today that never concerned you?
14. At what age did you have your first child?
15. Do you feel that you were too young, just right, or too old to start a family?
16. If you had it to do over, would you have children?

MOTHER SIGNATURE AND AGE ________________________________________

FATHER SIGNATURE AND AGE ________________________________________

NAME ______________________________ HOUR ______________

## A DAY IN THE LIFE OF A PARENT/GRANDPARENT

1. What is your age?
2. What is your sex?
3. Describe your family situation.
4. Describe what you do in a typical day.
5. Which responsibilities are work related and which are personal or family related?
6. Do you often have time in the day just for yourself?
7. How many other people depend on you each day? Who are they and what do you do for them?

# PARENTING AS A CAREER

For some parents, parenting is their full-time career. Other parents have careers in addition to parenting. Young adults, whether considering parenting as a single- or dual-career option, should compare parenting to other careers. Ask one of your parents to help you complete the chart below.

| CAREER: TEACHER | PARENT | TEACHER |
|---|---|---|
| Preparation received before getting a job | None (maybe prenatal classes) | 4 years of college<br>Student teaching |
| Hours of responsibility | 24 hours a day<br>365 days a year | 8-9 hours a day<br>9 months a year |
| Place of work | All over! | School building |
| Salary | None, possible tax write-off | $18,000 beginning salary |
| Overtime pay | None | Extra pay for advising coaching, etc. |
| Pay raise based on merit | None | Increases each year |
| Sick leave policy | None | 10 days/year |
| Professional or personal leave policy | None | 4 days/year |
| Retirement plan | None | 401K |
| Health or life insurance plans | None | Good health and life insurance |

1. In terms of responsibilities and preparation for responsibilities, how does parenting compare with other careers?
2. In terms of the benefits listed on this chart, how does parenting compare with other careers?
3. What are some benefits of parenting that are not included in the chart?
4. How can filling out a chart like this be helpful when recognizing the responsibilities of becoming a parent?

NAME ______________________________ HOUR ______________

# COMPARING PARENTING TO OTHER CAREERS

For some parents, parenting is their full-time career. Other parents have careers in addition to parenting. Young adults, whether considering parenting as a single- or dual-career option, should compare parenting to other careers. Ask one of your parents to help you complete the chart below.

| CAREER: | PARENTING | OTHER |
|---|---|---|
| Preparation received before getting a job | | |
| Hours of responsibility | | |
| Place of work | | |
| Salary | | |
| Overtime pay | | |
| Pay raise based on merit | | |
| Sick leave policy | | |
| Professional or personal leave policy | | |
| Retirement plan | | |
| Health or life insurance plans | | |

1. In terms of responsibilities and preparation for responsibilities, how does parenting compare with other careers?
2. In terms of the benefits listed on this chart, how does parenting compare with other careers?
3. What are some benefits of parenting that are not included in the chart?
4. How can filling out a chart like this be helpful when recognizing the responsibilities of becoming a parent?

# FAMILY LEAVE POLICY

Highlights of this law:

1. An eligible employee is someone who has worked for an employer for at least 12 months.
2. An eligible employee is entitled to 12 unpaid workweeks of leave during any 12-month period for three reasons:
   a. Because of the birth or placement for adoption or foster care of a child (only within 12 months of that birth or placement).
   b. Because of the serious health condition of a spouse, child, or parent.
   c. Because of the employee's own serious health condition.
3. Family leave provisions apply equally to male and female employees. "A father, as well as a mother, can take family leave because of the birth or serious health condition of his child; a son as well as a daughter is eligible for leave to care for a parent," the reports said.
4. The act allows employers to require employees to first use their paid vacation, personal leave, or sick leave for any part of the 12-week mandated period. If paid leave is used by an employee, the employer is required to provide only enough unpaid leave to total 12 weeks.
5. Leave is not to result in the loss of any previously accrued seniority or employment benefits, but neither are any benefits required to accrue during the leave.
6. Health benefits continue through an employee's leave.

When discussing family values, it is interesting to see how the United States compares to other countries. Family leave is as follows:

| | |
|---|---|
| Belgium | 14 weeks |
| France | 16 weeks |
| Germany | 14 weeks |
| Italy | 20 weeks |
| U. S. | 12 weeks (until 1993, U. S. allowed no family leave) |

NAME ________________________________ HOUR ______________

# MATERNITY/PATERNITY LEAVE

1. Name of business which you visited: ______________________________
2. Name of person with whom you spoke: ________________________________
3. What is the maternity leave policy?
   a. Number of days of leave: ____________________________
   b. Paid or unpaid leave: ________________________________
   c. Benefits during leave: ________________________________
   d. Guaranteed job/position upon return: __________________
4. Does the company have a paternity leave policy?
   a. Number of days of leave: ____________________________
   b. Paid or unpaid leave: ________________________________
   c. Benefits during leave: ________________________________
   d. Guaranteed job/position upon return: __________________

STUDENT THOUGHT QUESTIONS:

5. Do you think the leave policies are good?
6. What is the most positive thing about the maternity leave?
7. What is the most positive thing about the paternity leave?
8. What is the most negative thing about the maternity leave?
9. What is the most negative thing about the paternity leave?

NAME ______________________________ HOUR ______________

## TIME SURVEY

How do you spend your time outside of school? In the space below, fill in your daily activities for one week. Write down how much time you spend on each activity. Try to be as accurate as possible. Categories might include family time, sleeping, TV, friends/entertainment, eating, working, school/homework, other.

| | | | | | |
|---|---|---|---|---|---|
| ACTIVITY: | | | | | |
| SUNDAY | | | | | |
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| SATURDAY | | | | | |

Using the information above, answer the following questions.

1. Is there anything else you would like to do that you don't have time for? If so, what is it?
2. If you could change anything in your current schedule, what would it be? Why?
3. At present, do you have the time to raise a child and still have time to accomplish other things that are important to you? Why or why not?
4. What kind of changes would you need to make in order to be able to raise a child?
5. Would these changes be easier to make at another point in your life? Why or why not?

# THE TIMES OF MY LIFE

Identify the five major activities participated in by class members:

1.
2.
3.
4.
5.

Identify the five major activities class members will be participating in if they have children in the following age groups:

Preschool children

1.
2.
3.
4.
5.

Children in elementary school

1.
2.
3.
4.
5.

Single children over 18 years old

1.
2.
3.
4.
5.

Married children

1.
2.
3.
4.
5.

NAME ______________________________ HOUR ______________

## WOULD I MAKE A GOOD PARENT?

The following list of questions has been prepared to help you understand parenthood. Each question presents an issue that you may face as a parent. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around the "YES," "NO," or "?."

YES NO ? 1. Do you like yourself?

YES NO ? 2. Do you think you would make a good parent?

YES NO ? 3. My family is important to me and I want to have a family of my own.

YES NO ? 4. Is it easy for you to make changes in your life?

YES NO ? 5. Are you patient?

YES NO ? 6. Are you tolerant of people who have different ideas than you?

YES NO ? 7. Are you responsible and able to complete difficult tasks?

YES NO ? 8. Do you like to work or play with small children?

YES NO ? 9. Do you like to read or tell stories to children?

YES NO ? 10. Do you ordinarily feel concerned when you see a child crying?

YES NO ? 11. Do you answer a child's questions in a teasing way?

YES NO ? 12. If you had children, would you have a strong preference for a particular gender?

YES NO ? 13. If you had a child, do you know what vocation you would want him/her to have when he/she grew up?

YES NO ? 14. Can you identify any specific skills or abilities that would be helpful to someone who works with children?

YES NO ? 15. Do you ever have the feeling that children would interfere with your plans or happiness in marriage?

YES NO ? 16. Do you believe the saying "Spare the rod and spoil the child"?

YES NO ? 17. Think about how your parents have treated you. Do you have some ideas of specific ways you will or will not treat your children?

YES NO ? 18. Do you think the mother has a greater responsibility than the father in rearing children?

YES NO ? 19. Would you feel humiliated and embarrassed if your 7-year-old child had been found to have stolen some money?

YES NO ? 20. Do you have habits or past experiences that you would never want your child to know about?

YES NO ? 21. Would you be embarrassed to have your friends know that you sometimes babysit small children?

YES NO ? 22. Does a child's play and talking get on your nerves?

YES NO ? 23. When you tell a small child to do something, do you think he/she should obey immediately?

YES NO ? 24. Does it bother you to hear a child cry?

YES NO ? 25. Do you think parents should spend a great deal of time playing and talking with their children?

Write the answer to the following questions in the space below.

19. What are some qualities that you possess that would make you a good parent? How will they make you a good parent?

20. What are some traits you need to improve in order to be a good parent? If you do not improve these traits, how could they hinder you from becoming a good parent?

REMEMBER: You will grow into parenting. Just as a baby learns to walk and talk, you will learn to be a good parent. Parenting skills are not automatically born when the baby is. You will be a wonderful parent if you are prepared and ready to assume the responsibilities involved with the job!

**UNIT:** Overview of Child Development

**LESSON:** Value of Studying Children
**TIME:** 1 day

## COMPETENCIES:

1. Evaluate the reasons for learning about children. (Options 1 and 2)
2. Recognize how development during early childhood impacts individuals as adults. (Options 4 and 5)
3. Identify factors in personal life that have impacted growth and development. (Options 3, 4, 5, and 6)
4. Evaluate the impact of society on children and children on society, past and present. (Option 8)

**OVERVIEW/SUMMARY:** The study of children should be an important part of every person's life. We cannot communicate with children if we do not understand them. Our lives have been greatly influenced by our childhood and our experiences.

## MOTIVATOR:

The teacher could introduce herself/himself by unpacking a suitcase full of items that in some way represent his/her life. The type of suitcase or bag used to hold the items tells a lot about the teacher. For example: an athlete would probably use a sports bag, a hiker or biker might use a fanny pack, etc. Inside the suitcase or bag could be shirts with symbols or sayings that represent the teacher's feelings, a picture of a pet or family member, a favorite candy bar, something that represents a hobby, etc. It should be a fun introduction that tries to help each class member identify with the teacher in some way.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: I Started School Today or This Is Me
JOURNAL ENTRY: My first day of school.

OPTION 2--Competency 1
CHILD DEVELOPMENT IS: Have the students brainstorm answers to complete the sentence "Child Development is..." then have each student stand and introduce him/herself and share his/her answer. (You may wish to have them share why they are taking the class and/or how it could help them in their lives. After students have shared their ideas, compare their definitions with one in a text (or your own) and discuss your philosophy concerning children, child development, and the course in general.

OPTION 3--Competencies 1 and 2
EARLY CHILDHOOD SCENARIOS: With the class in small groups, complete the early childhood scenarios. Be sure to discuss the importance of parents providing a strong foundation for children during their childhood. Discuss the "Scenario Review" with the class.

OPTION 4--Competencies 2 and 3
MY CHILDHOOD WAS . . . : In class, have the students write a letter to themselves describing a childhood experience. At the end of the letter, have them write their feelings about how this has and/or will affect them in life.

OPTION 5--Competencies 2 and 3
EVALUATING YOUR PERSONAL DEVELOPMENT: Have the students complete the "Evaluating Your Personal Development" student worksheet. Remind them that childhood is an important time that will affect their entire lives. When they become parents, it is vital that they do all they can to provide a strong foundation for their children to help them grow and develop into physically, socially, emotionally, and mentally healthy individuals. Looking into their own childhood can help them recognize positive or negative parenting techniques from which they can learn.

OPTION 6--Competencies 2 and 3
PERSONAL EXPERIENCES: Have students write a list of at least six experiences they remember from childhood. They should then write a short sentence explaining how each of these experiences has affected their lives. (You may wish to have them select one event and write an essay on the affect it has had in their lives.) CAUTION: Many of these events are very personal to the students and should not be shared with the class unless a student has given specific permission for you to do so.

OPTION 7--Competencies 2 and 3
PERSONAL SUITCASE: Have students prepare a suitcase like the one used in the introduction. They can then introduce themselves to the rest of the class and share insights relating to their childhood and their present lives.

OPTION 8--Competency 4
PAINTINGS OF CHILDREN: Show the class the various paintings of children as you discuss the information given with this lesson.

OPTION 9--Competency 2
Ask the students: "If I want my child to grow up to be a physically healthy individual, what are some specific things I should do?" Write their responses on the board. Answers should include the following:

Feed them good food
Make sure they have plenty of rest
Provide them with clothing and shelter
Take them to the doctor for regular checkups and when they are ill
Have them immunized

You must constantly nourish children from the moment they are born. Review the transparency, "Encouraging Growth in the Child." Discuss how all aspects of the child's life must be nurtured.

## RESOURCES:

This Is Me. ISBN 0-321-00967-4

Further information about children, past and present may be found in The Developing Child, pages 22-25. PAST AND PRESENT Fifth Edition.

A Child's World: Infancy Through Adulthood, Diane E. Papalia and Sally Wendkos Olds, McGraw Hill Book Co., New York, NY, 1975. ISBN 0-07-048450-3.

A History of Art and Music, H.W.A. Janson and Joseph Kerman, Prentice-Hall, Inc., Englewood Cliffs, N.J., ISBN: 0-13-0389312-X.

Childcraft, Volume 13, Art and Music, Field Enterprises, Inc., Chicago, 1949.

Children, 2nd Edition, John W. Santrock, Wm. C. Brown Publishers, Dubuque, IA., 1988. ISBN: 0-697-10496-6.

Looking At Paintings of Children, Peggy Roalf, Hyperion Books for Children, N.Y., 1993, ISBN: 1-56282-309-4.

The Developing Child Understanding Children and Parenting, Holly E. Brisbane, Glencoe Publishing Co., Mission Hills, CA., 1988. ISBN: 0-02-675910-1.

# EARLY CHILDHOOD SCENARIOS

Ask the students if they feel that what happens to a person in early childhood impacts him/her in life. Discuss their ideas. Place the students into groups of four or five. Tell them that you are going to read to them several situations or scenarios and you would like them to discuss how they think the person highlighted in the scenario would be as an adult. Have them write down their conclusions for each scenario to be discussed with the entire class. Allow them 2-4 minutes for each report.

1. Vincent is the eighth child in a family of ten children. His biological father fathered him and two of the girls in his family. The rest of the children have been fathered by various other men. His mother is raising all ten children on her own. The family lives on the "other side of town" or in the ghettos. They have a three-room house with no indoor plumbing and only two beds. Most of the children sleep on the floor. Vincent is known to be a bully who throws rocks at cars and at children's heads. He also beat up his girl cousin with a baseball bat. He has aimed loaded guns at people. His mother beats and whips him regularly, trying to get him to stop his negative behavior.

2. Tonya is an only child. Her parents got a divorce when she was very young. Her mother, with whom Tonya lives, has to work outside of the home to support the family. Her mother often beats her and emotionally abuses her. Her mother often tells Tonya that she is not good.

3. Jeff lives in a traditional family with a younger brother and his parents. His family is very religious. His parents are very supportive and loving. They strive to provide a nurturing atmosphere in their home. Jeff's parents occasionally argue. For the most part, Jeff's family fits the profile of a typical, traditional family.

4. Charlie's mom was 15 and unmarried when he was born. Because she was so young and unprepared for the responsibilities of raising a child, Charlie spent most of his early childhood in foster homes with many different substitute parents. Charlie is now 12 years old and his mother has given him to social services to find a home for him.

After completing all of the scenarios, tell the class who the person is.

1. Vincent Edward Jackson, or Bo Jackson, overcame the abuse and hardships of his childhood and is one of the only athletes to have ever played two different professional sports.

2. Tonya Harding was the 1994 United States National Figure Skating Champion and also represented the United States in the 1994 Winter Olympics in Lillihammer, Norway. She was involved in a scandal in which figure skater Nancy Kerrigen, her rival, was attacked.

3. Jeffrey Dahmer confessed to brutally killing 17 men and even keeping some of their body parts in his freezer for months, as well as eating some of their flesh. He is one of the most horrifying murderers known in the United States.

4. Charlie is Charles Manson; he was the mastermind of Helter-Skelter, or the Tata/LaBianca murders. This was a two-day killing spree in which seven people were left mutilated and dead.

Discuss how some individuals can overcome great obstacles in their childhood while others allow themselves to be victims or to fail due to their early environment. There is no question that we are influenced and molded by our childhood. **However, it is how we react to these influences that is vital for personal success. You can choose to overcome or succumb to negative situations and influences in your own childhood, like these people we have discussed.**

It is imperative that you, as future parents, strive to build and provide a positive base for your own future children or for any children you are in contact with in your life. This does not guarantee that the children will have successful, happy lives, but it certainly gives them a head start at life.

## SCENARIO REVIEW

How many of you are kind to younger children? For example, if your little sister uses your favorite cologne or perfume, do you sweetly smile and compliment her on how nice she smells, or do you yell at her and tell her to stay out of your belongings?

How about if your tiny baby nephew or baby brother is crying nonstop and you are trying to watch your favorite television show or listen to your new CD? Do you gently pick him up and try to comfort him with a loving lullaby, or do you yell at your mom to get that kid and shut him up!

It seems that even though we have experienced being a child, it is very difficult for an adult to see things through the eyes of a child. However, if you wish to help children reach their full potential, you must learn to feel empathy for them and the things that are important to them. Think back to when you were in elementary school. How did you feel about things then?

In one of his columns, Paul Harvey stated:
"Technologically and scientifically, man has risen to unbelievable heights. Man is surrounded by the trophies he has won, the frontiers he has conquered, the mountains of textbooks he has written and rewritten, and remains yet utterly confounded by what he sees in the mirror. We now know much about the mysterious forces around us, but little about the mysterious forces within us. Man has explored almost everything in the universe except the explorer. Therefore, the most pressing need we have today, to insure our survival, is for man to understand man."

Each year six million Americans take a step that will significantly change their own lives and profoundly affect the next generation: they have children. How these children are raised will have a greater impact on our society than the way we vote, what we contribute to technology, the labor force, and the creative arts. In other words, the most important aspect of an adult's life and living in our world today is how we teach, guide, provide for, and love our children. Unfortunately, we spend more time, money, and energy on how to raise animals and repair cars than we do on how to rear children.

This child development class will provide you with knowledge that will be very useful to you at various times throughout your life. You will learn about the nature of children and some practical skills in caring for children, and you will receive hundreds of ideas and activities to make teaching, parenting, and caring for children easier and more rewarding.

NAME ______________________________ HOUR ______________

# EVALUATING YOUR PERSONAL DEVELOPMENT

Examine your present personality--what you like and do not like, how you react to things or people, what your habits are, etc. Identify three or four factors in your childhood that have influenced your personal development and have aided in forming your present personality. These factors may be individuals, events, places, etc. Using the space below, write about these influences and how you feel about them. Include ideas that you as a parent or caregiver may do differently and what you would do the same with your own children or children for whom you may care.

## PAINTINGS OF CHILDREN

Art has given people an expression in which to tell or explain themselves and their surroundings or beliefs. Art also teaches history. Throughout the ages, children have been a favorite subject for painters. This series of pictures will explain how children have been viewed by society, parents, and adults throughout history.

PICTURE: Children Playing on the Beach, Artist: Mary Cassatt
Development of children was once divided into two stages: the first being infancy, which was the longest, and then adulthood.

PICTURE: Portrait of a Boy, Artist: Unknown
Children were depicted in art as early as the second century. This picture was drawn by an unknown artist from Egypt. The boy's name is Eutyches. The painting is drawn on a piece of wood paneling. All materials were made from natural materials such as clay, charred bone or soot, chalk, or oyster shells. Paints were burned in by melting beeswax over a hot fire and combining it with various pigments. When the painting was complete, the artist passed a hot metal pan over the surface to burn in the colors. This permanently bonded them to the wood. Notice the clothing of the period. This white robe with a black stripe also bears a Greek inscription on the front that spells the child's name. The portrait was found in Eutyches tomb, wrapped with his mummy.

PICTURE: Edward VI as a Child, Artist: Hans Holbein
Hans Holbein of Germany is the artist of this painting. He became the official painter of England's King Henry VIII in 1536. In this portrait of a 2-year-old, you will see that children were considered as miniature adults. They were often given their lifelong nobility or career from the time of birth. As you see, children were dressed as miniature adults, with the royal robe and hat and a somewhat childlike face. This painting used real gold and a costly red pigment; the materials suitable for the son of a king.

PICTURE: Giovanni De'Medici at Eighteen Months, Artist, Agnolo Bronzino
Children were often given their birthright at the time of birth. For Giovanni De'Medici, his inheritance was to become a clergyman. His older brother was to inherit his father's title. Giovanni's wine-colored tunic symbolized the red robes worn by Cardinals of the Catholic Church. Notice that the baby's amused expression seems more adult than childlike. His tousled hair and chubby hands contrast the stiff pose and elaborate costume. Bronzino referred to this child as an angel. Throughout the Middle Ages, children were characterized as cherubs or angels. Adults naturally imposed adult standards for children's behavior, not seeing any significant contribution that children made to their own development.

PICTURE: Children's Games, Artist: Pieter Brueghel
Pieter Brueghel often detailed the joys and sorrow of Flemish peasantry in his work. For sixteenth-century farmers, life consisted of labor, high taxes, and war. Young people worked as hard as their parents. When work came to a halt for celebrations and holidays, children played as hard as they worked. This is the message of Brueghel's painting. In this picture, over 80 games or activities are shown. Many of the games you see are marbles, rolling hoops, and blindman's bluff. If we had a closer view of this picture, we would see older faces on each child. Bruegal shows his sympathy for peasant children forced to share adult responsibilities.

PICTURE: Embryo in the Womb, Artist: Leonardo da Vinci
During the Renaissance, many artists began studying human anatomy and the human body. There was much debate and speculation on the nature of children and how they should be reared. The concept of original sin was introduced and argued that all children were born bad and that through parenting, children would gain their salvation. Leonardo da Vinci was dedicated to art and science. At this point we see the introduction of perspective in paintings and sculpture. The Embryo in the Womb is one of hundreds of drawings and notes that da Vinci wanted to make into an encyclopedia. It has been used by anatomists and biologists to provide "sight and insight."

PICTURE: Industrial Revolution, Artist: Unknown
During this age, people were believed to be things and were full of enlightenment. Art finally returned to reason, nature, and morality. Because of the American Revolution and the French Revolution, many children were put into factories and used as cheap labor. Children worked long hours, were given hard labor, and were in very unsafe and unhealthy conditions. Children were often looked upon as objects to be used to increase status or resources. Male children were more valuable because of their physical ability to work hard on farms and in fields. There was also the philosophy that parents should have many children because so many children died in childhood that only a few would be left to grow into adulthood. Many children died at birth; later many were lost because of childhood diseases and poor sanitation conditions. By the end of the seventeenth century John Locke argued that children were not innately bad but were blank tablets on which to develop experience and characteristics. Locke believed that childhood experiences were important factors to becoming adults and directly affected their characteristics as adults. He encouraged parents to spend time with children and to help them become contributing members of society.

PICTURE: Baby in Red High Chair, Artist: Unknown
During the 1800s, children finally reached a level of simplicity. This artist captured the angelic expression of a sleeping infant. Notice the delicate features of the baby's skin and hair. The painter emphasized the softness of the baby, its clothing, and its blanket. The technique used here looks very modern even though it was completed almost 200 years ago. This was the very beginning of American Folk Art. During the eighteenth century, Rousseau agreed with Locke that children were not bad, but he did not consider them as blank tablets, either. He said, "Children are inherently good. They should be permitted to grow naturally with little parental monitoring."

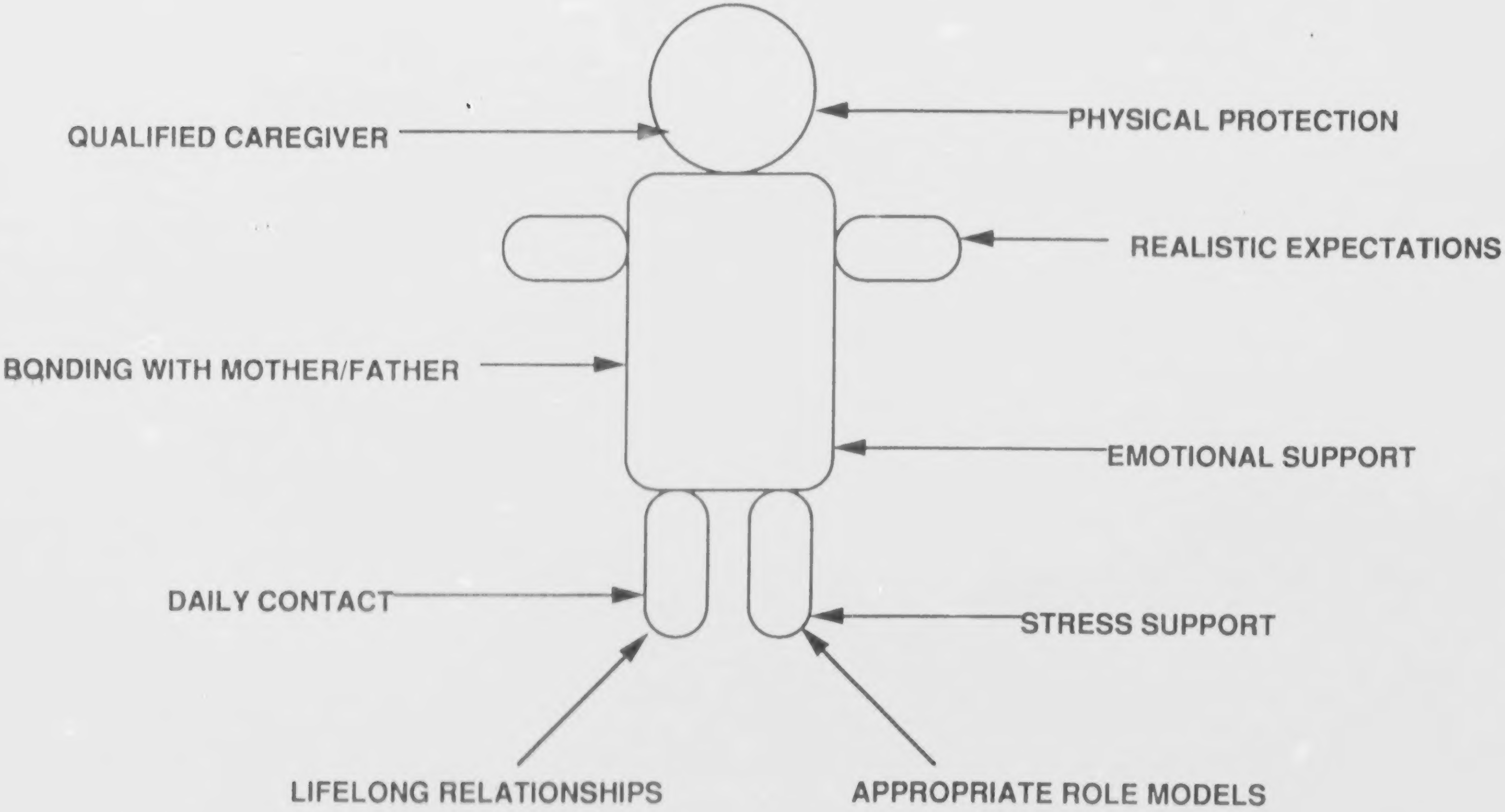
PICTURE: Calm Morning, Artist: Frank W. Benson
At the beginning of the 1900s, children began to be looked upon as being different from adults. They had different needs than adults. They needed different clothing, food, and different activities. Many men began studying children as a science and formed the basic child development theories that are used today. In this painting, Benson posed three of his children to use traditional perspective, creating an illusion of depth and space.

PICTURE: Nellie With Toy, Artist: Otto Dix
In this painting, painted in 1925, Dix shows us the emotions of a young child struggling to assert her will. In front of her she shows her power through her toys, the wooden ring, and pink ball. She confronts the viewer with tears in her eyes as she challenges her authority. This shows man's understanding of the wide range of children's emotions and the need for them to learn, grow, and understand.

PICTURE: Girl on Balcony, Artist: Fernando Botero
Today children are looked upon as funny, cute, tiresome, busy, curious, and difficult. Botero, in 1983, captured the gentle sense of humor of children in his majestic figure of this young girl. Notice her shape is almost balloon like. Also notice the tiny facial features and small hands. Botero did not mean for this painting to be satirical or mean but to capture this figure in an almost cartoon-like fashion.

As you can see, man and children have come a long way. There is much to study before understanding the ever-changing behavior of children on their journey to adulthood. In the last 150 years, child development philosophies have changed dramatically. We now consider childhood a highly eventful and unique period of life. We know that children pass through distinct periods in which special skills are mastered and new life tasks are confronted. Childhood is a special time of growth and change.

# ENCOURAGING GROWTH IN THE CHILD


QUALIFIED CAREGIVER
PHYSICAL PROTECTION
REALISTIC EXPECTATIONS
BONDING WITH MOTHER/FATHER
EMOTIONAL SUPPORT
DAILY CONTACT
STRESS SUPPORT
LIFELONG RELATIONSHIPS
APPROPRIATE ROLE MODELS

**UNIT:** Responsibilities Related to the Child

**LESSON:** Parenting Responsibilities
**TIME:** 1-2 days

## COMPETENCIES:

1. Identify the responsibilities of society to children. (Option 8)
2. Evaluate factors to consider to determine personal preparedness for parenthood (i.e., biological, social, emotional, financial, educational). (Options 3, 4, 5, 6,7, 8, 9, 10, and 11)
3. Discuss how parenting skills are learned. (Options 3, 4, 5, 6, 8, and 11)
4. Evaluate the rights of children and parents. (Options 2, 6, and 8)

## OVERVIEW/SUMMARY:

There are many responsibilities related to caring for children. Many times, we see only the fun and positive outings, parties, and happy moments adults spend with children. There are also teaching moments that are very difficult. It is vital to learn how to handle the more difficult aspects of dealing with children, as well as learning how to positively reinforce them.

## MOTIVATOR:

Show the students the short clip from "Mary Poppins" where the children have written an advertisement for a nanny. Discuss the pros and cons of the children's ad.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Is Your Mama A Llama, Wierd Parents, Five Minutes Peace, or The Trouble With Mom.
JOURNAL ENTRY: My favorite family tradition.

OPTION 2--Competency 4--**CDA III--SELF**
A CHILD'S BILL OF RIGHTS: Using the transparency "A Child's Bill of Rights," have the students unscramble the sentences. As each sentence is unscrambled, discuss each section with the students, allowing the students to share their ideas. Have the students write a want ad describing the qualities a child might look for in a parent. Students should write the ad as if it were to be placed in a newspaper. The roles should then be reversed. Have the students identify the parents' bill of rights and what parents might be looking for in a child. Hopefully, students will see that both parents and children basically want the same things: fairness, dependability, someone to confide in, etc. You may wish to complete this assignment in small groups rather than as individuals.

OPTION 3--Competencies 2 and 3
INTERVIEWS: Have the students interview parents and grandparents. Use the worksheet, "Parents and Grandparents Interview." Please note that the students do not interview couples. It will be more interesting if they interview a female from one relationship and a male from a different relationship. You may wish to assign students to interview a variety of family types: children under 5, children ages 6-18, no children at home, grandparents, parents with adult children that have moved back home, etc. When they complete the assignment, discuss a column that Ann Landers published. The column was the result of an informal survey of parents. Over half said they would not become parents if they had it to do over again. Discuss the findings of the students' survey. Divide the parents' responses into groups according to their ages: 15-20, 21-30, 21-40, 41-50, 51-60, 60+. Discuss how many in each group thought they were too old or too young to be parents. Students receive 10 points for each parent/grandparent interviewed.

OPTION 4--Competencies 2 and 3
A DAY IN THE LIFE OF A PARENT/GRANDPARENT: Have students interview a parent and a grandparent using the guide sheet, "A Day In the Life of A Parent/Grandparent." Discuss how parenting is a full-time job that never ends once a child is born. Parents must be very unselfish people.

OPTION 5--Competencies 2 and 3
GUEST SPEAKERS: Have a new parent come to class and share how having a baby has changed his/her life.

OPTION 6--Competencies 2, 3, and 4
PANEL: Have a panel of parents answer questions and share their views on how parenting has affected their lives. Panel members should include a single parent, a working parent, a dual-earner family, a stay-at-home parent, and a grandparent who has primary care of a grandchild. Have students prepare questions prior to listening to the panel. You may wish to use a question box, or have them write down their own questions. Either way the class must be prepared in order for the panel to be a success.

OPTION 7--Competency 2
COMPARING PARENTING TO OTHER CAREERS: Have the students complete the "Comparing Parenting to Other Careers" worksheet. Have students interview people in various jobs: teacher, airline worker, truck driver, banker, medical person, sales, athlete, etc. CAUTION: This assignment can make parenting look like an unrewarding job. Be sure to stress the positives of parenting. Discuss how raising a healthy child is more than a full-time job and the pay is not monetary. You may wish to use the transparency "PARENTING AS A CAREER" to review the information with the students.

OPTION 8--Competency 1
FAMILY LEAVE POLICY: Discuss the term maternity leave and paternity leave. Discuss how many businesses now provide much better benefits for working parents. Provide a list of local businesses and assign students to visit or call each employer and complete the maternity/paternity leave policy worksheet. Discuss the students' findings as a class when they are finished with the assignments. You may also want to discuss the new 1993 Federal Family Leave Policy and why it was written and why it was passed. (Rural communities may want to just discuss some of the policies of local businesses instead of trying to complete the student worksheet.) See information sheet "Maternity/Paternity Leave."

OPTION 9--Competency 2--**CDA V**
TIME SURVEY: After discussing the responsibilities of parenting, have the students complete the "Your Present Time and Responsibility Survey." Compute the results on the overhead "The Times of My Life." It would be very interesting to the students to have parents of different ages and stages of life complete this chart and then to share the results with the class.

OPTION 10--Competency 2
WOULD I MAKE A GOOD PARENT? Have students complete the worksheet "Would I Make A Good Parent?" Discuss the results with the class.

OPTION 11--Competency 2
IS PARENTING FOR ME? Divide the class into five groups. Have each group discuss all of the situations found on the "Is Parenting for Me?" information sheet. Assign each group a specific situation to discuss with the class. Class members should feel free to add their ideas as each group presents their decision to the class.

# A CHILD'S BILL OF RIGHTS

1. THE AND RELATIONSHIPS TO SECURE LOVING RIGHT HUMAN.
2. TO THE AND AND HEALTHFUL NUTRITION AND CONDITIONS RIGHT APPROPRIATE PHYSICAL PROPER PSYCHOLOGICAL CARE LIVING SAFE.
3. BE SKILLS ESSENTIAL THE TO TAUGHT RIGHT LIVING.
4. DISCIPLINE THE RIGHT NONABUSIVE TO.
5. THE TO AND LEARN VALUES MORAL BEHAVIOR RIGHT BASIC.
6. TO BE AND THE AN UNIQUE INDEPENDENT RIGHT INDIVIDUAL.
7. MAY RIGHT BE PEOPLE PARENTS WHO OR FROM TO THE MENTALLY INCLUDED HARM THEM PROTECTED PHYSICALLY.
8. TALENTS THE TO DEVELOP RIGHT INDIVIDUAL.

# A CHILD'S BILL OF RIGHTS

1. THE RIGHT TO LOVING AND SECURE HUMAN RELATIONSHIPS: It is important that infants and young children experience a close, loving relationship with parents or a good parent substitute. Someone must be present to attend to the infant's needs in a gentle, reliable way. Children should be held, cuddled, and stimulated through speech and play. They must also be protected from harm. Research shows that when early love and security are absent, infants cry more, smile less, vocalize less, are less attentive, and even come to reject physical closeness with human beings. It is from close relationships that parents gain their great power to teach and children gain their equally powerful desire to learn.
2. THE RIGHT TO PROPER NUTRITION, HEALTHFUL AND SAFE LIVING CONDITIONS, AND APPROPRIATE PHYSICAL AND PSYCHOLOGICAL CARE.
3. THE RIGHT TO BE TAUGHT ESSENTIAL LIVING SKILLS: Infants and young children are in no position to predict the skills that will be needed for future success and happiness in life. Effective parents must identify these skills and help their children master them.
4. THE RIGHT TO NONABUSIVE DISCIPLINE: Parents are responsible for teaching their children to follow basic rules of self-conduct without unnecessarily restricting their personal freedom. Teaching rules need not involve punishment.
5. THE RIGHT TO LEARN BASIC VALUES AND MORAL BEHAVIOR: Parents and teachers must give careful attention to identifying, demonstrating, and strengthening the basic values and morals that will help children be sensitive, respectful, and law-abiding.
6. THE RIGHT TO BE AN INDEPENDENT AND UNIQUE INDIVIDUAL: One of the greatest challenges of parenting is to teach a multitude of basic skills while still allowing children the freedom to develop as individuals. Each infant born into this world is unique. Parents must preserve and strengthen the positive aspects of this individuality as they teach.
7. THE RIGHT TO BE PROTECTED FROM PEOPLE, PARENTS INCLUDED, WHO MAY PHYSICALLY OR MENTALLY HARM THEM: It is everyone's responsibility to provide such protection for children. Many states have laws to protect concerned citizens who report to social-welfare agencies what they truly believe to be instances of child abuse. Child abuse may include sexual, emotional, or physical mistreatment as well as neglecting children's basic needs.
8. THE RIGHT TO DEVELOP INDIVIDUAL TALENTS: Each child is an individual with individual strengths and talents. Children have a right to be cared for by adults who will recognize their special talents and who will help them become all that their unique capabilities will allow.

NAME ______________________________ HOUR ______________

## PARENT AND GRANDPARENT INTERVIEWS

DIRECTIONS: Complete the following information. Interview a grandparent, focusing on the areas listed below. Write a summary about what you learned in the interview. Have the person you interviewed sign this sheet, verifying the interview.

NAME OF PERSON YOU INTERVIEWED: ______________________________

TYPE OF FAMILY RELATIONSHIP IN WHICH HE/SHE LIVES (single, dual earner, traditional, blended, etc.): ______________________________

GRANDPARENT INTERVIEW:

1. How many grandchildren do you have? What are their ages?
2. What role do you play in the lives of your grandchildren?
3. What are the challenges of being a grandparent?
4. What are the rewards of being a grandparent?
5. Compare how children, in general, were raised during your childhood to how they are raised today. (Give specific examples, if possible.)
6. What activities do children do today that they would never have done when you were young?
7. At what age did you have your first child?
8. Do you feel that you were too young, just right, or too old to start a family?
9. If you had it to do over, would you have children?

GRANDPARENT SIGNATURE AND AGE ______________________________

PARENTS:
Interview a mother and a father (from two different families) about the joys and responsibilities of parenting. As you interview them, focus on the areas listed below. After the interview, write a summary about what you learned from each interview. Have each parent sign this paper, verifying they were interviewed.

NAME OF PERSON YOU INTERVIEWED: ____________________________

TYPE OF FAMILY RELATIONSHIP IN WHICH HE/SHE LIVES (single, dual earner, traditional, blended, etc.): ____________________________

1. How does the responsibility of parenting compare with the other responsibilities in your life?
2. What, in general, should parents teach their children?
3. What have you learned from your children?
4. What do you most enjoy about the parent-child relationship?
5. What activities do you say "no" to?
6. What aspect of parenting do you feel most prepared for?
7. What aspect of parenting do you feel least prepared for?
8. Where did you learn parenting skills?
9. Where could new parents go to learn parenting skills?
10. What advice would you give to a couple who is considering becoming parents?
11. Compare how children were raised during your childhood and how they are raised today. (Give specific examples, if possible.)
12. What activities do children do today that they would never have done when you were young?
13. What challenges do children face today that never concerned you?
14. At what age did you have your first child?
15. Do you feel that you were too young, just right, or too old to start a family?
16. If you had it to do over, would you have children?

MOTHER SIGNATURE AND AGE ____________________________

FATHER SIGNATURE AND AGE ____________________________

NAME ______________________________ HOUR ______________

# A DAY IN THE LIFE OF A PARENT/GRANDPARENT

1. What is your age?
2. What is your sex?
3. Describe your family situation.
4. Describe what you do in a typical day.
5. Which responsibilities are work related and which are personal or family related?
6. Do you often have time in the day just for yourself?
7. How many other people depend on you each day? Who are they and what do you do for them?

# PARENTING AS A CAREER

For some parents, parenting is their full-time career. Other parents have careers in addition to parenting. Young adults, whether considering parenting as a single- or dual-career option, should compare parenting to other careers. Ask one of your parents to help you complete the chart below.

| CAREER: TEACHER | PARENT | TEACHER |
|---|---|---|
| Preparation received before getting a job | None (maybe prenatal classes) | 4 years of college<br>Student teaching |
| Hours of responsibility | 24 hours a day<br>365 days a year | 8-9 hours a day<br>9 months a year |
| Place of work | All over! | School building |
| Salary | None, possible tax write-off | $18,000 beginning salary |
| Overtime pay | None | Extra pay for advising coaching, etc. |
| Pay raise based on merit | None | Increases each year |
| Sick leave policy | None | 10 days/year |
| Professional or personal leave policy | None | 4 days/year |
| Retirement plan | None | 401K |
| Health or life insurance plans | None | Good health and life insurance |

1. In terms of responsibilities and preparation for responsibilities, how does parenting compare with other careers?
2. In terms of the benefits listed on this chart, how does parenting compare with other careers?
3. What are some benefits of parenting that are not included in the chart?
4. How can filling out a chart like this be helpful when recognizing the responsibilities of becoming a parent?

NAME ______________________________ HOUR ______________

# COMPARING PARENTING TO OTHER CAREERS

For some parents, parenting is their full-time career. Other parents have careers in addition to parenting. Young adults, whether considering parenting as a single- or dual-career option, should compare parenting to other careers. Ask one of your parents to help you complete the chart below.

| CAREER: | PARENTING | OTHER |
|---|---|---|
| Preparation received before getting a job | | |
| Hours of responsibility | | |
| Place of work | | |
| Salary | | |
| Overtime pay | | |
| Pay raise based on merit | | |
| Sick leave policy | | |
| Professional or personal leave policy | | |
| Retirement plan | | |
| Health or life insurance plans | | |

1. In terms of responsibilities and preparation for responsibilities, how does parenting compare with other careers?
2. In terms of the benefits listed on this chart, how does parenting compare with other careers?
3. What are some benefits of parenting that are not included in the chart?
4. How can filling out a chart like this be helpful when recognizing the responsibilities of becoming a parent?

## FAMILY LEAVE POLICY

Highlights of this law:

1. An eligible employee is someone who has worked for an employer for at least 12 months.
2. An eligible employee is entitled to 12 unpaid workweeks of leave during any 12-month period for three reasons:
    a. Because of the birth or placement for adoption or foster care of a child (only within 12 months of that birth or placement).
    b. Because of the serious health condition of a spouse, child, or parent.
    c. Because of the employee's own serious health condition.
3. Family leave provisions apply equally to male and female employees. "A father, as well as a mother, can take family leave because of the birth or serious health condition of his child; a son as well as a daughter is eligible for leave to care for a parent," the reports said.
4. The act allows employers to require employees to first use their paid vacation, personal leave, or sick leave for any part of the 12-week mandated period. If paid leave is used by an employee, the employer is required to provide only enough unpaid leave to total 12 weeks.
5. Leave is not to result in the loss of any previously accrued seniority or employment benefits, but neither are any benefits required to accrue during the leave.
6. Health benefits continue through an employee's leave.

When discussing family values, it is interesting to see how the United States compares to other countries. Family leave is as follows:

| | |
|---|---|
| Belgium | 14 weeks |
| France | 16 weeks |
| Germany | 14 weeks |
| Italy | 20 weeks |
| U. S. | 12 weeks (until 1993, U. S. allowed no family leave) |

NAME ______________________________ HOUR ______________

## MATERNITY/PATERNITY LEAVE

1. Name of business which you visited: ______________________________
2. Name of person with whom you spoke: ______________________________
3. What is the maternity leave policy?
   a. Number of days of leave: ______________________________
   b. Paid or unpaid leave: ______________________________
   c. Benefits during leave: ______________________________
   d. Guaranteed job/position upon return: ______________
4. Does the company have a paternity leave policy?
   a. Number of days of leave: ______________________________
   b. Paid or unpaid leave: ______________________________
   c. Benefits during leave: ______________________________
   d. Guaranteed job/position upon return: ______________

STUDENT THOUGHT QUESTIONS:

5. Do you think the leave policies are good?
6. What is the most positive thing about the maternity leave?
7. What is the most positive thing about the paternity leave?
8. What is the most negative thing about the maternity leave?
9. What is the most negative thing about the paternity leave?

NAME ______________________ HOUR ____________

## TIME SURVEY

How do you spend your time outside of school? In the space below, fill in your daily activities for one week. Write down how much time you spend on each activity. Try to be as accurate as possible. Categories might include family time, sleeping, TV, friends/entertainment, eating, working, school/homework, other.

| ACTIVITY: | | | | | |
|---|---|---|---|---|---|
| SUNDAY | | | | | |
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| SATURDAY | | | | | |

Using the information above, answer the following questions.

1. Is there anything else you would like to do that you don't have time for? If so, what is it?
2. If you could change anything in your current schedule, what would it be? Why?
3. At present, do you have the time to raise a child and still have time to accomplish other things that are important to you? Why or why not?
4. What kind of changes would you need to make in order to be able to raise a child?
5. Would these changes be easier to make at another point in your life? Why or why not?

# THE TIMES OF MY LIFE

Identify the five major activities participated in by class members:

1.
2.
3.
4.
5.

Identify the five major activities class members will be participating in if they have children in the following age groups:

Preschool children

1.
2.
3.
4.
5.

Children in elementary school

1.
2.
3.
4.
5.

Single children over 18 years old

1.
2.
3.
4.
5.

Married children

1.
2.
3.
4.
5.

NAME ____________________ HOUR ____________

## WOULD I MAKE A GOOD PARENT?

The following list of questions has been prepared to help you understand parenthood. Each question presents an issue that you may face as a parent. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around the "YES," "NO," or "?."

YES NO ? 1. Do you like yourself?

YES NO ? 2. Do you think you would make a good parent?

YES NO ? 3. My family is important to me and I want to have a family of my own.

YES NO ? 4. Is it easy for you to make changes in your life?

YES NO ? 5. Are you patient?

YES NO ? 6. Are you tolerant of people who have different ideas than you?

YES NO ? 7. Are you responsible and able to complete difficult tasks?

YES NO ? 8. Do you like to work or play with small children?

YES NO ? 9. Do you like to read or tell stories to children?

YES NO ? 10. Do you ordinarily feel concerned when you see a child crying?

YES NO ? 11. Do you answer a child's questions in a teasing way?

YES NO ? 12. If you had children, would you have a strong preference for a particular gender?

YES NO ? 13. If you had a child, do you know what vocation you would want him/her to have when he/she grew up?

YES NO ? 14. Can you identify any specific skills or abilities that would be helpful to someone who works with children?

YES NO ? 15. Do you ever have the feeling that children would interfere with your plans or happiness in marriage?

YES NO ? 16. Do you believe the saying "Spare the rod and spoil the child"?

YES NO ? 17. Think about how your parents have treated you. Do you have some ideas of specific ways you will or will not treat your children?

YES NO ? 18. Do you think the mother has a greater responsibility than the father in rearing children?

YES NO ? 19. Would you feel humiliated and embarrassed if your 7-year-old child had been found to have stolen some money?

YES NO ? 20. Do you have habits or past experiences that you would never want your child to know about?

YES NO ? 21. Would you be embarrassed to have your friends know that you sometimes babysit small children?

YES NO ? 22. Does a child's play and talking get on your nerves?

YES NO ? 23. When you tell a small child to do something, do you think he/she should obey immediately?

YES NO ? 24. Does it bother you to hear a child cry?

YES NO ? 25. Do you think parents should spend a great deal of time playing and talking with their children?

Write the answer to the following questions in the space below.

19. What are some qualities that you possess that would make you a good parent? How will they make you a good parent?

20. What are some traits you need to improve in order to be a good parent? If you do not improve these traits, how could they hinder you from becoming a good parent?

REMEMBER: You will grow into parenting. Just as a baby learns to walk and talk, you will learn to be a good parent. Parenting skills are not automatically born when the baby is. You will be a wonderful parent if you are prepared and ready to assume the responsibilities involved with the job!

# IS PARENTING FOR ME?

After reading each of the situations below, answer the following questions:

1. Why should this couple have a baby?
2. Why should this couple not have a baby?
3. What decision do you think the couple should make?
4. What reasons do you have for making this decision?

Couple #1
Sue is 36 and Carlos is 40. They have been married for five years. They would like to begin a family. They are both in good health. They thoroughly enjoy their jobs and they make a comfortable income. They have enough savings that Sue could stay home with the baby for a year.

Couple #2
Sam and Louise have been married five years and both are 26. Louise is a secretary and earns about $1,500 a month. Sam has graduated from college and is working part time at the grocery store until he gets a full-time job. They have no savings.

Couple #3
Tony and Janae have been married for three years. Janae has a daughter from a previous marriage. Tony was diagnosed with severe diabetes when he was 5 years old. He has learned how to manage this disease and is relatively healthy. The whole family would like to have a baby, but Tony is afraid he will pass the diabetes on to the baby. The doctor has told them that this could definitely happen.

Couple #4
Sonya and Derrik are both successful personnel managers in different companies. They have both worked for the past ten years and have saved a large sum of money. They planned on having children after three years of marriage, but they both enjoyed work so much that they kept postponing having a baby. Sonya is now 39 and Derrik is 37. They both still love their jobs. Derrik is more anxious to have a baby than is Sonya.

Couple #5
Doxie, 28, and Joe, 29, just got married. Doxie wants to have a baby. Joe says he does not want to have children for several years. This topic is becoming a source of contention in their marriage.

Couple #6
Henry is 19 and manages his father's auto body shop. Sue is 19 and is a teller at the local bank. They were married six months ago. Their parents keep hinting that they would like to have a grandchild. They have no maternity insurance, and both want to attend the local applied technology center for some additional training in their jobs.

Couple #7
Brenda has one year left at college. Bob just graduated. Neither are employed but are hopeful that Bob will land a high-paying job. They have been married for two years and are eager to have a baby. Most of their friends have at least one child and they are feeling left behind. They are both 26.

**UNIT:** Responsibilities Related to the Child **LESSON:** Nurturing/Bonding
**TIME:** 1 day

## COMPETENCIES:

1. Define the term nurture. (Options 2, 3, and 6)
2. Discuss the importance of nurturing. (Options 2, 3, 4, and 5)
3. Identify ways to nurture. (Options 2, 3, 4, 5, 6)
4. Identify the potential consequences that come from lack of nurturing. (Options 2, 3, 4, and 5)

## OVERVIEW/SUMMARY:

Nurturing or bonding is a vital process in the development of healthy individuals. It is important that this process take place early in life, but it is also important that the process be continued throughout life.

## MOTIVATOR:

Think of two specific ways someone made you feel loved when you were very young. For example: Dad read me stories, Mom sang me songs, etc. List the ideas on the board and explain that these acts of love and kindness were part of the nurturing and bonding process. There are numerous ways to show love and affection for other people.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Will You Still Love Me, I Love You As Much, The Giving Tree, Daddies (ISBN 22259-6) or Good as New (ISBN #0-688-08739-6)
JOURNAL ENTRY: Memories I have of nurturing activities we shared in our home (singing, hugs, etc.).

OPTION 2--Competencies 1, 2, 3, and 4--**CDA III, 8 SELF**
NURTURING/BONDING INTRODUCTION: Discuss nurturing and bonding and how vital it is for an infant to form a bond (see teacher notes). Have students complete the NURTURING AND BONDING STUDY GUIDE. Discuss the concept of failure to thrive and how it is related to bonding.

OPTION 3--Competencies 1, 2, 3, and 4--**CDA III, 8 SELF**
STUDY ON NURTURING: Discuss the information with the students and have students complete the "Nurturing Activity."

OPTION 4--Competencies 2, 3, and 4--**CDA III, 8 SELF**
INTERACTION: Have the students review the Rene Spitz and Terry Harlow studies concerning the affects of interaction.

OPTION 5--Competencies 2, 3, and 4--**CDA III, 8 SELF**
VIDEO: After discussing Options 3 and 4, show the video NATURE AND NURTURE. Have students complete the listening guide "Nature and Nurture." (You may wish to use this video in the lesson on genetics.)

OPTION 6--Competencies 1 and 3
Have the students look up the definition of bonding and prepare a short presentation on bonding with newborns. It should include ideas of how parents can bond with their babies. This could be done in small groups or individually.

**RESOURCES:**
"Nature and Nurture," #ST 1135
Films for the Humanities and Sciences
P.O. Box 2053, Princeton, NJ 08543-2053
800-257-5126 OR 609-275-1400
FAX 609-275-3767
52 minutes, $89.95

Nurturing Book for Babies and Children, ISBN 0-934309-19-1
Nurturing Program, Parent Handbook, ISBN 0-934309-11-6
Juliana Dellinger Bavolek, M.S.E.
Family Development Resources, Inc.
3160 Pinebrook Road
Park City, Utah 84060

# NURTURING/BONDING INTRODUCTION:

Bonding is the formation of close emotional ties. Many experts believe that lifelong emotional ties are formed between parents and the newborn soon after birth. This emotional attachment, or feeling of belonging, is important to the social and emotional well-being of the child.

Because of the importance of this bonding process, the baby is often placed in the mother's arms immediately following birth and before the routine medical procedures are performed. It is just as important for the parents to bond to the child as it is for the child to bond to the parents. These moments of touching and caressing and interacting through sight, sound, and touch will build a strong base for lifelong feelings of attachment and belonging.

Bonding is as important for the father as it is for the mother. The mother, who has carried the baby for nine months inside of her body, has most likely already formed strong feelings and ties for the baby. The father, if he has been very involved in the pregnancy and birth, may also have already formed ties, although not as strong, with the baby. Following birth, the father needs opportunities to hold, caress, and interact with the baby. If other family members are present, they may also benefit from holding and touching the baby.

Bonding is not limited to the first few moments following birth. There are babies who for medical reasons, such as being premature, must receive immediate attention and be placed in incubators and cannot be held and caressed immediately following birth. Bonding is still possible and can occur at a later point. Babies are placed in incubators with a round opening in the side. These openings allow parents to reach inside and touch their baby when the baby cannot be removed and held.

Bonding is the emergence of profound love between a parent and child. This affection makes parents respond to a child's every need despite any physical sacrifice of their own. The bond begins even during the first few minutes of life, but bonding is a lifelong process.

Looking into your baby's eyes lets the baby know that he/she has your attention, that you love him/her, and that he/she can trust you. These loving looks should take place during feedings, as well as any time you hold your baby close. The infant's eyes tell you how he/she feels as well.

Handling and touching the baby in calm gentle ways lets the baby feel your love and concern. Babies are in-tune to nonverbal communication and can sense when you are angry or nervous by the way you hold them--you cannot fake your feelings. (You may want to demonstrate this concept by showing the students that even they can sense emotions through nonverbal communication. Walk around with your hands in fists. Discuss how they can tell when someone is in a bad mood or angry.

Parents should be consistent to allow the baby to know what to expect. If parents have a fixed yet flexible daily routine, they will feel more secure. Responding to a baby's needs quickly also helps the baby feel your consistency and helps the bond grow.

Being responsive to a child means letting the child take the lead and then acting in a way that matches the child's behavior. For example, if the child claps, clap with him/her. If the child burps, act surprised. If the child makes fussy cries that seem to say, "Play with me," then play with the child. Paying attention and being responsive lets the child know that they are loved and important. Being responsive does not mean that the child gets everything that he/she wants. When a child asks for something he/she cannot or should not have, a parent should acknowledge the request and offer another alternative or set of choices.

When parents are in-tune and sensitive to their child, they try to see things from the child's point of view. They are consciously aware of the signals the baby or child is sending. These signals can be sent in the form of a facial expression, crying, or body language.

Being sensitive also entails allowing the child to take the lead in many situations. For example, a parent shows a toy to a child and the child turns away from it and slaps his/her hand at it. The parent should then be sensitive to what the child appears to be saying. "I don't want to play with that toy." Forcing or continuing to show the child the toy could make the child angry and lead to feelings of frustration.

Name ______________________________ Hour ____________

# BONDING STUDY GUIDE

1. Define bonding:

2. The following are three ways that a parent or caregiver can help develop a bond with an infant. Explain why each is important.

   a. Long, loving looks

   b. Loving touches

   c. Animated face and voice

3. The following are the three basic rules to remember, at any age, to develop or continue to nurture a bond. Define and explain the importance of each.

   a. Consistency

   b. Responsiveness

   c. Sensitivity

## STUDY ON NURTURING

Divide the class into groups of two or three. Ask the students to define the term NURTURE. Have the students share their definitions with the class.

Nurturing a child means to promote his/her development by providing nourishment, support, encouragement, and unconditional love throughout the life span.

Discuss how important nurturing is and how powerful love is and that without it, children do not grow or develop properly and can even die. To expand on the point, tell the students about the following study:

In the 1970s, Ohio University conducted a study on rabbits. Students were assigned to feed several groups of rabbits a high-cholesterol diet each day. Over time, all but one of the groups of rabbits began to display the hypothesized symptoms. One group showed a 60 percent intolerance to the diet for unexplained reasons. It was accidentally discovered that the student assigned to feed this "nonresponding" group of rabbits would hold, talk to, and pet each of the rabbits in his group each day before he fed them. This nurturing and loving care seemed to account for the rabbits' health and intolerance to the toxic diet. Repeat studies produced similar results.

As humans, we crave nurturing and love from other human beings. Infants like and want to be held. Children, especially when they are hurt, tired, or cold, like to be cuddled and rocked. Teenagers like to hear that they have done a good job and receive a pat on the back. Adults are no different; they need to have positive reinforcement, just like younger people. A great illustration of the human need to have love and nurturing can be seen in the elderly who are housed in nursing homes. Ask the students if they have ever been to a nursing home. What was their impression? Have they ever noticed how the elderly people want to hold your hand and look at you while you talk with them? They never want you to leave! Anyone that has visited a nursing home should be able to relate to this. All people have a need for human contact. It is not a sexual connotation. On the contrary, it is simply a need to feel loved, wanted, supported, and important as a human being.

Research has indicated that human beings need at least 10 positive touches a day; for example, when someone shakes your hand and at the same time pats your arm or wrist. Have a student volunteer to come to the front of the class. Give him/her a warm hand shake or pat on the back. Ask him/her how it made him/her feel. Discuss his/her answer as a class. Split the class into five groups. Assign each group one of the following age-groups: infants, children, teenagers, adults, elderly. Have them develop a list of ten positive touches for their assigned age group. Discuss their lists with the class.

In 1946, Rene Spitz studied the effects of a lack of nurturing by comparing two institutions: a prison and an orphanage. In the prison nursery, mothers cared for their own babies. In the orphanage, each nurse was assigned to care for seven babies (an extremely high ratio of caregiver to infants). Spitz found that the mortality rate of the babies cared for by the nurses in the orphanage was 37 percent higher even though the orphanage was noted for its excellent medical care. The reason the infants in the orphanage died, according to Spitz, was from a lack of love.

Harry Harlow did an experiment in which he isolated a group of monkeys from any human or animal contact for the first six months of life. He found that when he tried to socialize the isolated monkeys with other monkeys raised in nurturing circumstances, the isolated monkeys were unable to get along with the others and were extremely afraid. They would also scratch and pick at themselves due to their fear. He also conducted another study in which he took a group of monkeys from their mother immediately after birth and gave them dummy monkey mothers made of wire and cloth. The infant monkeys treated and responded to the dummy mothers as though they were real monkeys. However, these infant monkeys, which were deprived of the care, affection, and nurturing of a real mother, did not develop maternal instincts and had other signs of emotional stress.

## NURTURING ACTIVITY

How many of you have ever made a sculpture of some type? Was is fun? Successful? What medium did you use?

Many people have likened nurturing to sculpting. A young child is very pliable, much like fresh clay. We can mold it and shape it as we wish. However, after very long, the clay begins to dry and the child begins to grow up and maintains the form you have made.

Today we will liken nurturing to writing. A child is like a blank piece of paper. The things we say to the child will influence the worth of the paper and the attitude of the child. I will give each of you a blank piece of paper. Fold the paper into fourths. In the top left hand corner, list phrases or ideas that you remember people saying about you when you were young. In the top right hand corner, explain how these phrases have influenced your life.

Now, think of yourself as a parent or caregiver of a small child. In the bottom left hand corner, list positive phrases you can use to nurture a child and make him/her feel loved.

In the lower right hand corner, identify actions you will take to nurture the children for whom you will care.

Name ______________________________ Hour ____________________

# NATURE AND NURTURE

Please watch the video "Nature and Nurture." It discusses whether a person is affected by nature (heredity) or nurture (environment). As you watch the video, consider the following:

1. How does heredity affect the baby? Give examples of heredity traits or characteristics.

2. How does environment affect a baby? Give examples of traits and influences.

3. What was your reaction to the studies completed on identical twins?

4. Write at least two paragraphs regarding your feelings concerning the education of very young children. Identify some positive and negative ideas.

**UNIT:** Responsibilities Related to the Child

**LESSON:** Self-Concept
**TIME:** 1-2 days

## COMPETENCIES:

1. Define the terms self-concept and self-esteem. (Options 2, 3, and 8)
2. List the four components of the self-concept cycle and describe the effects of each component. (Option 4)
3. Discuss the role and importance of self-esteem in personal development and growth. (Options 2, 3, 5, 6, 7, and 8)

## OVERVIEW/SUMMARY:

One of the most important tasks of a parent is to preserve a child's self-concept. All other tasks refer back to this important idea.

## MOTIVATOR:

Have you ever observed a baby trying to learn to walk? Does he/she give up after falling several times? Does he/she act embarrassed when he/she falls or makes a mistake? No. A child is born with 100 percent self-esteem. How many of you have talked to a little child lately? If you ask a little child if he/she is pretty or handsome, what will he/she say? He/She will most likely shout back, "YES!" Little children have healthy self-esteem. If you give a small child a compliment, such as "Nice shoes!", his/her response is usually, "I know," not a shy "Oh, these old things?" Now think, how do you react if someone gives you a compliment? Do you agree or has society taught you to hold back and doubt yourself a bit? Why do you think this happens? Is it good that we lose our self-esteem? What causes you to lose your self-esteem?

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Who Wants Arthur? Corduroy and the Missing Button, Just Because I Am, (ISBN# 0-915793-60-1) or Leo the Late Bloomer
JOURNAL ENTRY: How I remember myself as a child.

OPTION 2--Competencies 1 and 3--**CDA III, SELF**
BULLETIN BOARD: Define self-concept (the way that a person feels about himself/herself, a composite of the traits, values, thoughts, and feelings that we have for ourselves) and self-esteem (how you think or feel about yourself). Place the following quotation on a bulletin board, "Babies are born with 100 percent self-esteem." Have the students draw stick figure pictures or make collages to illustrate this point.

OPTION 3--Competencies 1 and 3--**CDA III, SELF**
SELF-CONFIDENCE: Show the segment from "The Sound of Music" where Maria has just been sent to be the governess. She gets off the bus and begins singing "I Have Confidence." Discuss with the students how enthusiasm and self-confidence are very helpful in developing a successful life.

OPTION 4--Competency 2--**CDA III, SELF**
SELF-CONCEPT CYCLE: Present the information to the students, then divide the class into small groups representing different age groups (infants, toddlers, etc.). Each group should compile a list of ways a family could build the self-concept of the child at each particular stage.

OPTION 5--Competency 3--**CDA III, SELF**
A LOOK AT MY LIFE: Using the worksheet, have students analyze their lives and how the self-concept cycle has influenced them.

OPTION 6--Competency 3--**CDA III, SELF**
MY SELF-CONCEPT GROWS AND CHANGES: Have students complete the worksheet. This option may be a threat to some students; you may wish to complete this exercise as a group, then allow students to complete the exercise at home, not as an assignment.

OPTION 7--Competency 3--**CDA III, SELF**
100 WAYS TO SAY "YOU'RE GREAT!!!": Have students brainstorm ideas for telling people they are good and giving them positive reinforcement. Students should share their ideas with the class. You may wish to refer to the USU Extension ideas found on "100 Ways to Say Very Good!" You may also wish to divide the class into small groups and have them make graffiti boards to share new ways of complimenting others.

OPTION 8--Competencies 1 and 3
SELF-ESTEEM POSTERS: Have the students make posters to promote self-esteem. Place the posters in the child care center for the children to see.

## RESOURCES:

The Greatest Children's Stories Ever Told, Fairfield, CT, 1993, Queue, Inc., 1-800-232-2224. CD-ROM, Includes "The Ugly Duckling."

"The Gift of Self-Esteem" by Denise Foley, Working Mother, Nov., 1990.

Leo the Late Bloomer, NY, Prentice Hall for Young Readers, 1980.

100 Ways to Enhance Self-Concept in the Classroom. Englewood Cliffs, NJ, Prentice-Hall, 1976.

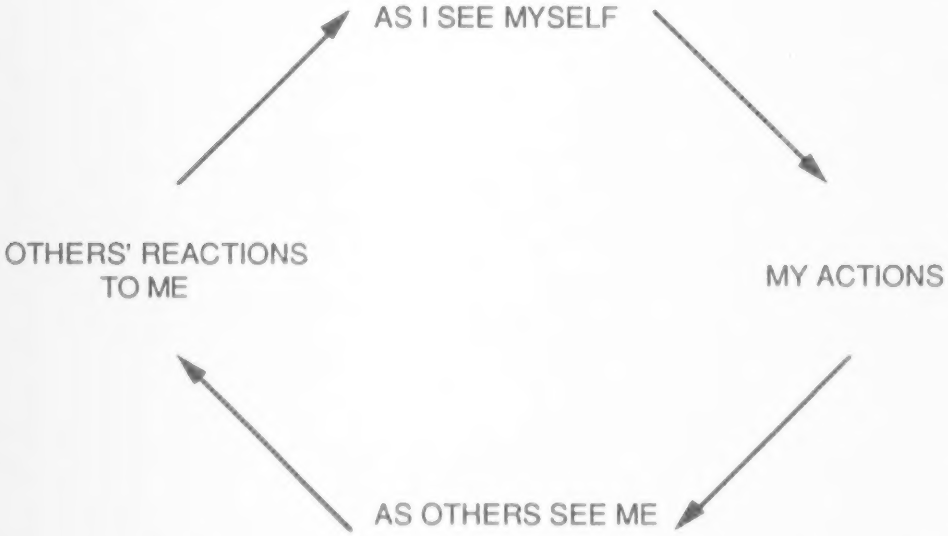
Step-Up Your Self-Esteem, USU Extension, #EC 409A

# SELF-CONCEPT CYCLE

Self-concept is the total picture a person has of herself/himself. It is a composite of the traits, values, thoughts, and feelings that we have for ourselves.

Therefore, a person who has developed a positive self-concept will enjoy positive self-esteem.

A person's self-concept is developed early in life and affects the way that person functions in his/her environment. Children develop self-concepts through what they believe the important people in their lives feel about them. This is best expressed in the self-concept cycle:



"As I See Myself" is formed largely by our own perception of what others think of us. This influences our actions. Our actions in large part determine how others actually do see us and directly influence their reactions to us in return. Their reactions influence the way we see ourselves. This is a continuous cycle in our lives.

Some people have positive self-concepts, which make them feel capable and competent. Their actions demonstrate those feelings, and others react positively to their actions, which, in turn, validates those feelings.

Other people have negative self-concepts, which cause them to lack confidence in their abilities. These negative feelings affect their actions, and others in turn will react negatively to their actions, this time validating negative self-feelings.

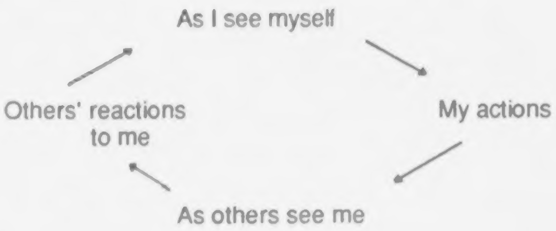
A family can promote a positive self-concept by:

1. Providing successful experiences for the child. This includes not expecting children to do tasks that are beyond their capabilities.
2. Treating children with love and respect. Children's emotions should be accepted and valued.
3. Objecting to the behavior, not the child, when a child's behavior needs to be corrected. Never tell a child that he/she is bad. The behavior may have been bad, but the child is not bad.
4. Praising the child for achievements. Even though the achievement may seem small to the parent, it is important to the child and praise will help a child to feel good about himself/herself.
5. Avoiding competition. There is always a "loser" in competition. Instead, set individual goals for each child.
6. Giving children room to achieve and explore. This includes allowing mistakes to be made and learning from those mistakes.
7. Allowing children to make choices whenever possible. Accept their decisions without question.
8. Helping children to understand their feelings. Talk about the feelings the child is experiencing and give it a name. Encourage them to find acceptable avenues for releasing emotions.
9. Showing a basic feeling of worth and dignity toward children. A visitor in the home would never be told, "Look what a mess you have made. Don't you know how to clean up after yourself?" Children also need respect.
10. Providing for productive and creative work. Children can express themselves and better understand the world around them through art, music, drama, poetry, and role-playing their feelings.
11. Listening to children and talking with them. Use active listening skills. Include eye contact and use techniques that allow them to know that they have been heard and understood.
12. Sending and receiving clear messages. Let the child know exactly what is expected of him/her.
13. Providing guidelines for behavior. Children need to know what their limits are and then be allowed to act for themselves within those limits.
14. Guiding through love instead of fear or guilt. Fear and guilt cause a child to develop a poor self-concept.
15. Encouraging independence. This helps children to develop confidence in themselves and their abilities.
16. Avoiding power struggles. There is always a loser in this situation.
17. Being a good role model. Children learn by imitation. If the caregiver has a positive self-concept guiding good behavior, the child will imitate that. Let them see you make mistakes and learn from them.
18. Thinking about the nicknames and comments you make to children. We become what we think we are (self-fulfilling prophecy).
19. Letting children overhear you making positive comments about them. The subconscious mind puts more emphasis on what it hears than what it is directly told.

NAME ______________________ CLASS ______________

# A LOOK AT MY LIFE

While completing the following assignment, refer to the self-concept cycle:


As I see myself
My actions
As others see me
Others' reactions to me

1. The first thing I remember about me:

2. How did people react to me:

3. How did this influence your further actions?

4. Describe how you felt about yourself in grade school:

5. Who were five important people in your life? How did each one react to you?

6. How do you feel about yourself now?

7. Who most influences your actions at the present time?

8. Do you live according to your own beliefs or how important people in your life want you to live?

9. Are you the person you want to be? If not, how can you become that person?

NAME ______________________________ CLASS _______________

## MY SELF-CONCEPT GROWS AND CHANGES

Fill in the following box with words or phrases that best describe your self-concept at the designated time. You may have to talk to parents or friends to help you remember some parts of your life.

| | |
|---|---|
| INFANT/TODDLER | ELEMENTARY SCHOOL |
| JUNIOR HIGH/MIDDLE SCHOOL | HIGH SCHOOL |

EXTRA CREDIT: Have one of your parents complete this same exercise. Compare your answers. Are you similar to your parent?

# 100 WAYS TO SAY "VERY GOOD!"

Children thrive in a climate of love, so give your child plenty of praise, warmth, and physical signs of affection. Children need pats, smiles, and approval. Look for good behavior you want to strengthen, then say "very good" to children in a variety of ways. Remember, do not give meaningless praise. Focus on specific actions and be generous with positive comments. Here are some suggestions:

1. I'm proud of the way you worked today.
2. You're doing a good job.
3. You've just about got it.
4. That's the best you have ever done.
5. That's it!
6. Congratulations!
7. I knew you could do it.
8. That's quite an improvement.
9. Now you've figured it out!
10. You are doing that much better today.
11. Now you have it.
12. Not bad!
13. Great!!
14. You are learning fast.
15. Keep working on it.
16. Couldn't have done it better myself.
17. You really make my job fun.
18. That's the right way to do it.
19. Nothing can stop you now!
20. That's first-class work.
21. You're really going to town!
22. Now you have the hang of it!
23. Congratulations!
24. You've got your brain in gear today.
25. You've just about mastered that!
26. Now that's what I call a fine job!
27. You must have been practicing!
28. You did a lot of work today!
29. You certainly did well today.
30. You are really learning a lot.
31. I've never seen anyone do it better.
32. That's a good (boy or girl).
33. It's a pleasure to teach when you work like that.
34. You're on the right track now!
35. I'm happy to see you working like that.
36. You're really working hard today.
37. Well, look at you go!
38. You've got it made.
39. That's right!
40. That's good!
41. You are very good at that.
42. Good for you!
43. You did it that time!
44. I love the way you work so hard!
45. Wow!
46. That's the way.
47. Nice going.
48. Perfect!
49. Sensational!

50. Excellent!
51. Keep up the good work.
52. That's better.
53. Fine!
54. That's the best ever.
55. Way to go.
56. Marvelous!
57. Much better!
58 Wonderful!
59. That's better than ever.
60. Nice going.
61. Outstanding!
62. You did that very well.
63. Fantastic!
64. Superb!
65. You're doing great.
66. You're really improving.
67. Right on!
68. Keep it up!
69. Good remembering!
70. You've got that down pat!
71. Tremendous!
72. Good thinking!
73. You're doing fine.
74. Good work!
75. Keep on trying!
76. Way to go.
77. You outdid yourself today!
78. Good for you!
79. Terrific!
80. Good going!
81. I like that.
82. I'm very proud of you.
83. I think you've got it now.
84. That's it!
85. Clever!
86. You're right.
87. You make it look easy!
88. You're getting better.
89. You got it right.
90. Could you teach me how to do that?
91. You're awesome!
92. Awesome!
93. What a smartie!
94. I like being with you!
95. You really outdid yourself.
96. That's an interesting way of looking at it.
97. No one says it quite like you!
98. It looks like you put a lot of work into this.
99. You really paid attention.
100. Terrific effort!

(This information was provided by USU Extension.)

**UNIT:** Responsibilities Related to the Child **LESSON:** Child Development Theories
**TIME:** 2-3 days

## COMPETENCIES:

1. Identify and define the basic concepts of growth and development. (Options 2, 3, and 4)
2. Describe the interrelationships between physical, social, emotional, moral, and cognitive aspects of development. (Option 3)
3. Identify and define the various theories of development (Erickson, Freud, Gessell, Kohlberg, Maslow, Piaget). (Options 4, 5, and 6)

## OVERVIEW/SUMMARY:

Children grow at individual rates. However, the sequence of development is generally the same for all children. Children's growth and development is studied in four areas: physical development, cognitive or mental development, social development, and emotional development. Many theorists have discovered a great deal concerning how children develop. Their theories add insight and information to the study of child development.

## MOTIVATOR:

Divide the class into small groups. Each group should put together a children's puzzle. Before giving the puzzles to the groups, remove one or two pieces from the puzzle. When the students have completed the puzzles, discuss how the information you will be discussing the next week is vital to understanding children. Without this knowledge the understanding of children's growth and development would be incomplete, just as the puzzle is incomplete.

Or

Show the class a simple design you have made from Legos on a large flat Lego board. Take the bottom piece off and discuss that without a foundation or base to build upon the other pieces become useless. This is the way the information you will be discussing is. Without this information, the rest of the information learned in class has no foundation or basis.

## OPTIONS:

TEACHER NOTE: Please be aware of any current psychologists and their theories and share the information with the class.

OPTION 1
BOOK: Magic Eye--A New Way of Looking At the World or King Bidgood's In the Bathtub.

OPTION 2--Competency 1--**CDA VI, 13 PROFESSIONALISM**
STUDY GUIDE: Using the information, discuss the growth and development of children. Have the students complete the GROWTH AND DEVELOPMENT STUDY GUIDE.

OPTION 3--Competencies 1 and 2--**CDA VI, 13 PROFESSIONALISM**
DISCUSSION: Show the students the parts of a toy that you have taken apart. Ask them if they know what the parts are. Allow them to brainstorm for a few minutes. Put the toy together or show them one exactly like the one taken apart. Explain how the parts fit together to make a toy. Individually, the pieces are difficult to identify, but when they are put together correctly, they form a functional toy. Relate this to how the areas of development (physical, cognitive, social, and emotional) fit together. It is difficult to discuss concepts concerning one of the areas of development without also discussing how this relates to another area of development. Show the GROWTH AND DEVELOPMENT TRANSPARENCY. Parents, teachers, etc., need to encourage a child's development in every area so that they can grow to be healthy, happy, and productive individuals.

OPTION 4--Competencies 1 and 3--**CDA VII, OBSERVATIONS**
OBSERVATIONS: Review the information "Observations" with the students. Be sure to relate that observation is the method by which the famous theorists developed their theories. It is important that the students understand that observations are an important part of this curriculum, not a play time. Have students complete the "Preschool Observation" assignment.

OPTION 5--Competency 3--**CDA VI, 13 PROFESSIONALISM**
THEORISTS: Have the students complete the THEORIES STUDY GUIDE. Split the class into seven groups. Assign each group one of the theorists listed on the THEORIES STUDY GUIDE. Have each group research all the information they can find concerning the assigned theorist's theories. They are to find information concerning the theories of the person and not biographical information about the theorist. Allow one class period to complete this assignment. Have each group give a short presentation on the theories. The class should complete the THEORIES STUDY GUIDE. You may need to interject information that is included in the teacher information. (NOTE: You may wish to quickly review the information yourself with the students, rather than have the groups do it.)

OPTION 6--Competency 3--**CDA VI, 13 PROFESSIONALISM**
ROLE PLAYS: Read the THEORIES ROLE PLAYS and have the students guess who you are reading about. To make this more fun, you may want to wear a tie, a suit coat, and some reading glasses or costume glasses with the nose and mustache attached. Dim the lights and tell the students to sit back and relax.

Name ______________________________ Hour ____________

## GROWTH AND DEVELOPMENT STUDY GUIDE

Write the definition of the following terms. These terms are the very basis of the study of child development. You must understand the meaning of these terms to understand the information we will study in this class.

1. Child Development:
2. Stages of development: Approximate age
    a. infancy
    b. toddler
    c. preschool
    d. school age
    e. adolescence
3. Growth:
4. Development:
5. List the basic laws of growth development:
    a.
    b.
    c.
    d.
6. List and define the five areas of growth and development:
    a.
    b.
    c.
    d.

# GROWTH AND DEVELOPMENT

CHILD DEVELOPMENT:
The study of a child from conception to age 18. The five stages of development are:

1. Infancy--birth to 12 months.
2. Toddler--12 months to 3 years.
3. Preschool--3 years to 6 years.
4. School age--6 years to 12 years.
5. Adolescence--13 years to 18 years.

GROWTH:
A child's physical increase in size or amount that is easily observed.

DEVELOPMENT:
The ability of a child to do things that are complex and difficult.

LAWS OF GROWTH AND DEVELOPMENT:

1. Growth proceeds from head to foot (cephalo=head, caudal=tail)--lift head, pick up objects, walk to objects.
2. Growth proceeds from near to far (proximal-distal)--from body trunk outward, scoot body, wave arms, grab object, pick up object.
3. Growth proceeds from the simple to the complex--sleeping, being fed, holding the bottle, feeding self.
4. Growth is continuous and orderly--both legs grow at the same time and rate; more rapid at times.

GENERALIZATIONS OF GROWTH AND DEVELOPMENT:

1. The tempo of growth is not even.
2. Different aspects of growth develop at different rates.
3. Both the rate and pattern of growth can be modified by conditions within and outside of the body.
4. Each child grows in his/her own unique way.
5. Every individual normally passes through every stage of development.
6. Growth is complex. All of its aspects are closely interrelated.
7. Growth is predictable since individual differences remain constant.
8. Growth proceeds from the general to the specific.
9. Each developmental phase has characteristic traits.
10. Many forms of problem behavior are normal due to the age in which they occur.
11. Most traits in development are correlated.
12. Behavior is the result of environmental circumstances.
13. The impulse to use the capacity or power in an exaggerated way is associated with the development of a capacity or power.
14. Learning must wait on maturation.
15. Whenever an act results in a feeling of satisfaction to an individual, the act is likely to be repeated.
16. Children's concepts grow out of their experiences.
17. Experimentation is an important part of learning.
18. The urge to grow is innate.

PHYSICAL DEVELOPMENT:
Includes muscle coordination and control, growth in size and in proportion. Examples: a child rolling over, lifting its head, or sitting up.

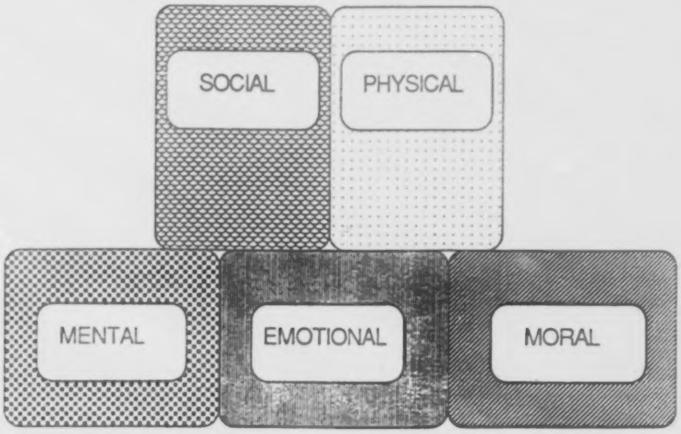
COGNITIVE DEVELOPMENT:
The ability of the brain or mind to take in and process information. Examples: a child recognizing his/her name or parent, recognizing that when he/she shakes a rattle it will make a noise.

SOCIAL DEVELOPMENT:
A child learning and discovering the expectations and rules for interacting with others. Examples: a child smiling at mother, a child learning to share a toy with a friend.

EMOTIONAL DEVELOPMENT:
The ability to recognize and understand feelings and how to respond to them appropriately. Examples: a child feeling jealousy due to a new baby in the family, a child feeling love for another person, a child being afraid of the dark.

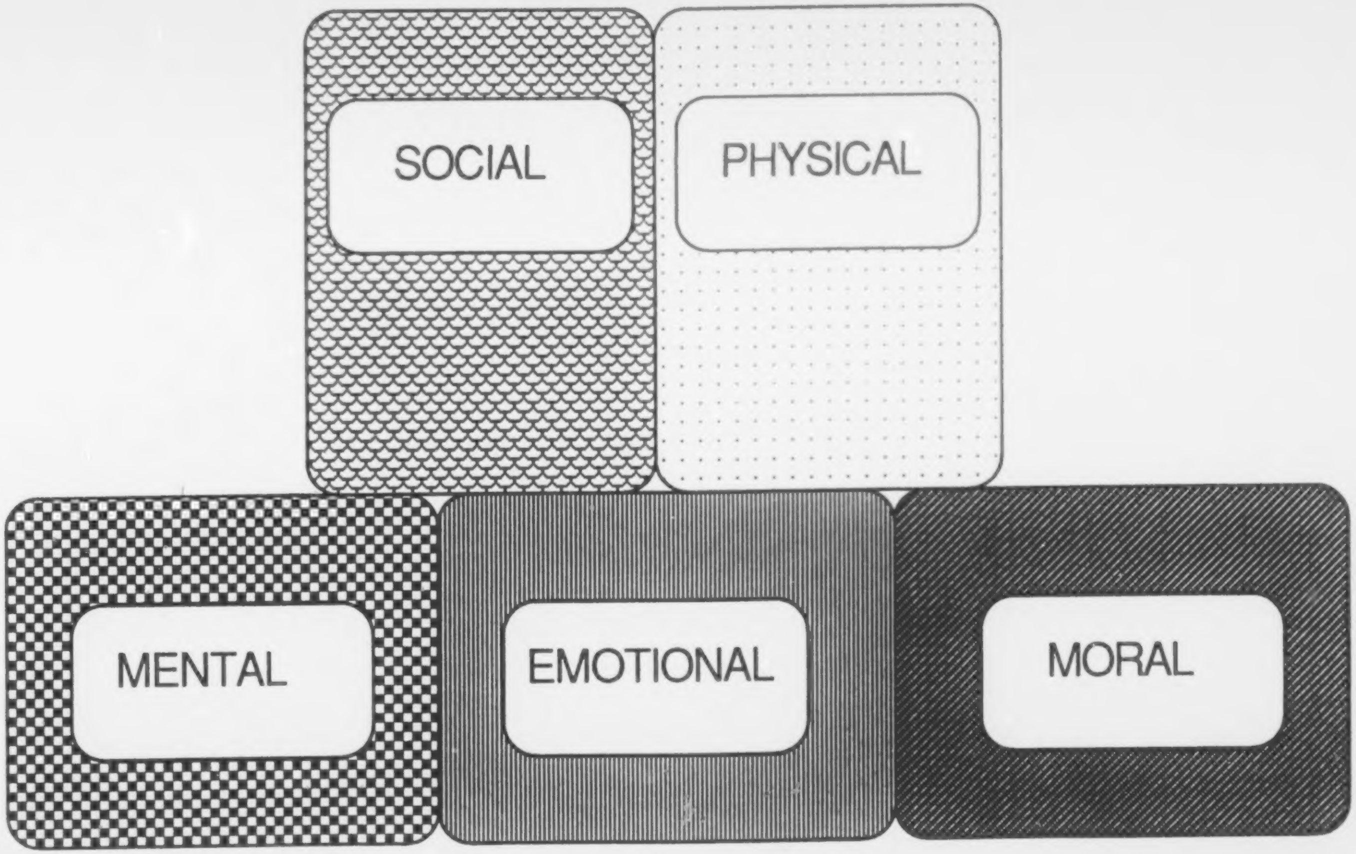
MORAL DEVELOPMENT:
Identifying personal values. Examples: right or wrong, behaving according to what others need or want, respecting human rights, developing principles to guide behavior.

PHASES OF DEVELOPMENT



## GROWTH AND DEVELOPMENT TRANSPARENCY

# PHASES OF DEVELOPMENT


SOCIAL
PHYSICAL
MENTAL
EMOTIONAL
MORAL

# OBSERVATIONS

There are many reasons to observe children:

1. To gain a deeper understanding of children, in general; how they think and feel, how they can be expected to grow and behave.
2. To get to know a specific child better; the child's needs, interests, skills, problems, and feelings.
3. To assess where a child is developmentally and make comparisons with other children that same age.
4. To identify special needs, problems, or interests children may have.
5. To assess teaching skills. A teacher can analyze the setup of the room, the schedule of activities, the observation of when learning problems take place, etc.
6. To make a conscious effort to know all the children in a group equally well. Some children stand out in a group due to a talent or behavior problem. Others tend to get lost in the crowd by blending in too well. A teacher must know all the children in the group and try to meet all of their needs.

Name ______________________________ Hour ____________________

## PRESCHOOL OBSERVATION

You will be observing four children in the preschool today. Write their name and ages. Below each child's name record what he/she does and says for a five-minute period of time. Follow them and record exactly what you see them do or say. At the end of the time, write ONE thing you learned about this child from watching him/her.

CHILD #1 ______________________________ AGE ____

CHILD #2 ______________________________ AGE ____

CHILD #3 ______________________________ AGE ____

CHILD #4 ______________________________ AGE ____

Name ______________________________ Hour ____________________

## OBSERVATION CHECKLIST FOR A PRESCHOOL CHILD

Read each question carefully. Check the appropriate column (1=lowest, 3=highest). Add your comments in the spaces provided.

CHILD ____________________________ DATE ________ AGE ______

PHYSICAL DEVELOPMENT:

1. Is the child walking and running in the appropriate manner? 1 2 3
2. Is the child able to do puzzles? 1 2 3
3. Is the child able to build a tower with five blocks? 1 2 3
4. Is the child's appearance clean and neat? 1 2 3
5. Does the child eat the foods that are served? 1 2 3

COMMENTS:

SOCIAL DEVELOPMENT:

1. Does the child get along with his/her peers? 1 2 3
2. Does the child seem self-confident when relating to others? 1 2 3
3. Does the child follow daily routines with cooperation? 1 2 3
4. Does the child express ideas openly? 1 2 3
5. Does the child participate in group activities? 1 2 3

COMMENTS:

EMOTIONAL DEVELOPMENT:

1. Does the child express his/her feelings? 1 2 3
2. Does the child recover quickly from disappointment? 1 2 3
3. Is the child's self-esteem high? 1 2 3
4. Is the child concerned with the feelings of others? 1 2 3
5. Is the child aggressive? 1 2 3

COMMENTS:

INTELLECTUAL OR COGNITIVE DEVELOPMENT:

1. Is the child's attention span appropriate for his/her age? 1 2 3
2. Is the child able to listen to stories? 1 2 3
3. Is the child able to recall events in the story? 1 2 3
4. Is the child able to concentrate on manipulatives? 1 2 3
5. Does the child finish what he/she starts? 1 2 3

COMMENTS:

Name ____________________ Hour __________

## THEORISTS STUDY GUIDE

Explain the main theory of each of the theorists discussed in class. Select the theorist that most appeals to you and write a one page essay on why you agree with this theorist and how his ideas can be incorporated into your life.

1. Erik Erikson

2. Sigmund Freud

3. Arnold Gesell

4. Lawrence Kohlberg

5. Abraham Maslow

6. Jean Piaget

# CHILD DEVELOPMENT THEORISTS

Today we will review the basic theories of Erik Erikson, Sigmund Freud, Arnold Gesell, Lawrence Kohlberg, Abraham Maslow, and Jean Piaget.

## ERIKSON (ERIK)

Erik Erikson developed eight specific stages of personality from birth to old age. He believes that the personality develops continuously throughout the life cycle. The individual's personality is in constant motion; it is always redeveloping itself.

1. Developing a sense of trust versus mistrust--INFANCY--The degree to which a child comes to trust or mistrust others is determined to a great extent on the quality of care received. Babies that receive love and attention develop confidence and trust in people. Babies that are neglected and abused become insecure and mistrustful.
2. Developing a sense of autonomy versus shame--2-4 YEARS--During this stage, children experience freedom or self-direction. If parents recognize the child's need to exercise these skills at the child's own pace, the child will develop a sense of autonomy; if the parents ignore or discourage this stage, the child will begin to doubt himself/herself.
3. Developing a sense of initiative versus guilt--4-6 YEARS--At this age, a child has control of his/her body and initiates motor activities as well as fantasy and language activities. If told that his/her activities are senseless or futile, a sense of guilt develops about having initiated them. They also begin to learn social skills (cooperating, leading, and following).
4. Developing a sense of industry versus inferiority--SCHOOL AGE--If growing curiosity is encouraged, the child will develop a sense of industry; if his/her sense of industry is discouraged, the child will feel inferior. They learn that work is worthwhile and meaningful. They learn to discipline themselves and to get along with others.
5. Developing a sense of identity versus role confusion--ADOLESCENCE--Identity is determined by the ability of the individual to bring together all the things learned about himself/herself and integrate these different roles into a whole that shows continuity with the past while preparing for the future. Adolescents begin to mature and to view the world differently. They have a strong need to establish an identify and require good role models. If one's identity is not found, an individual can find himself/herself preoccupied with appearance in the eyes of others, conforming and feeling an overall failure.
6. Developing a sense of intimacy versus isolation--YOUNG ADULTHOOD--Intimacy is the ability to share with and care about another person without fear of losing oneself in the process. This sort of intimacy makes possible a good marriage or a genuine and enduring friendship. Young adults that succeed in this stage have accepted themselves for who they are and as worthwhile people. If there is difficulty in finding close personal relations because the special self has not found itself, there comes a feeling of isolation and lonliness.

7. Developing a sense of generativity versus self-absorption--ADULTHOOD--Generativity is a concern for family as well as people beyond the immediate family group. Lack of this concern may result in self-absorption or making personal needs one's primary concern.
8. Developing a sense of integrity versus despair--AGING--Integrity results from an individual's ability to look back on life with satisfaction. Those who cannot and who have regrets in life have a sense of despair.

## FREUD (SIGMUND)

Freud's theories have influenced many theorists over the years. Freud's most known studies are the three theoretical components of personality and the psychosexual stages.

### THREE THEORETICAL COMPONENTS OF PERSONALITY

Freud believed that humans have unconscious driven motives. These drives are the ID, the EGO, and the SUPEREGO.

1. ID--This is the pleasure principle. The id is the source of our unconscious impulses toward gratification of our needs. Basically the id wants whatever seems satisfying and enjoyable, and it wants it NOW!
2. EGO--This it the reality principle. The role of the ego is to mediate between unbridled demands of the id and the limits imposed by the real world and the superego. The ego operates according to how the superego thinks it should be.
3. SUPEREGO--This is the selection of right from wrong principle. The superego is like a relentless conscience that distinguishes right from wrong.

### PSYCHOSEXUAL THEORY

During the first five to six years of life, children go through stages in which they have a sexual interest that focuses on particular parts of the body, namely the mouth and the anus. Freud believed that how a child experiences the various conflicts in each stage determines his/her basic personality. Therefore, by age five or six, Freud believed the personality was fixed. Then between the ages of seven to eleven, children go through a stage of sexual latency in which they have dormant or no sexual interests or focuses. As a person enters adolescence, they enter the genital stage. This stage lasts throughout adulthood. Following is a brief description of Freud's psychosexual stages:

1. ORAL stage--The mouth is the principle region of dynamic activity during infancy. In the beginning, the child's activities are dominated by the mouth zone. A mouth seeks, nurses, bites, tastes, wails, and coos. The child's first loves and needs are expressed by way of the mouth. The child learns to know the world solely through the mouth. Two modes of oral activity, incorporation of food and biting, are the prototypes for many later character traits that develop.

2. ANAL stage--During this stage, the anus is the focus of pleasurable sensations in the baby's body. Toilet training, which is normally initiated during the second year, is the most important activity.
3. PHALLIC stage--During this stage of personality development, the genitals, or more specifically the phallus or the penis, are the most important body parts. Boys are extremely proud of their penises. Girls are said to be envious of the penis and wonder why they do not have one. Children of both sexes fantasize about relationships with their parents, for which they feel guilty.
4. LATENCY stage--During the ages between seven and eleven the child is more placid. Their sexual needs are relatively quiet. This stage is more of an interlude in which children put their energy into learning skills.
5. GENITAL stage--During adolescence, and also throughout adulthood, the genitals are the focus of pleasurable sensations. During this stage, individuals seek sexual stimulation and satisfaction. The adolescent begins to love others for altruistic motives and not simply for selfish or narcissistic reasons. Sexual attraction, socialization, group activities, vocational planning, and preparations for marrying and raising a family begin to manifest themselves. The principle biological function of the genital stage is that of reproduction. Freud believed the goal of a healthy adult was to love and to work.

## GESELL (ARNOLD)

Arnold Gesell's theory is concerned with the physical development of children. Gesell observed hundreds of children and came up with the physical developmental age-norms. He determined the normal sequence of development and at what age children should be able to do certain things, like sit up, roll over, crawl, walk, grasp objects, etc. These age-norms are still used today by the medical profession, the psychology professions, and child-related fields. These age norms give us a standard by which to monitor a child's development.

## KOHLBERG (LAWRENCE)

Lawrence Kohlberg's theory is based on how children develop morally. His theory has three levels of moral development: preconventional, conventional, and postconventional.

1. Preconventional: Children begin life with no sense of right or wrong. However, children learn quickly that certain behaviors are punished and other behaviors are rewarded. Therefore, they avoid behaviors that are punished and strive for behavior or acts that are rewarded.
2. Conventional: At approximately age 9, children learn to behave according to a sense of what others need or want. They will follow rules that have been established and respect authority. The children are now acting in regards to right and wrong. Basically, children have learned the typical or conventional ways of acting based on what is right and what is wrong.
3. Post Conventional: Around the age of 16, individuals mature morally. They respect human rights and develop individual principles to guide their behavior. The motivation to act a certain way comes from within. They have progressed beyond just following the rules.

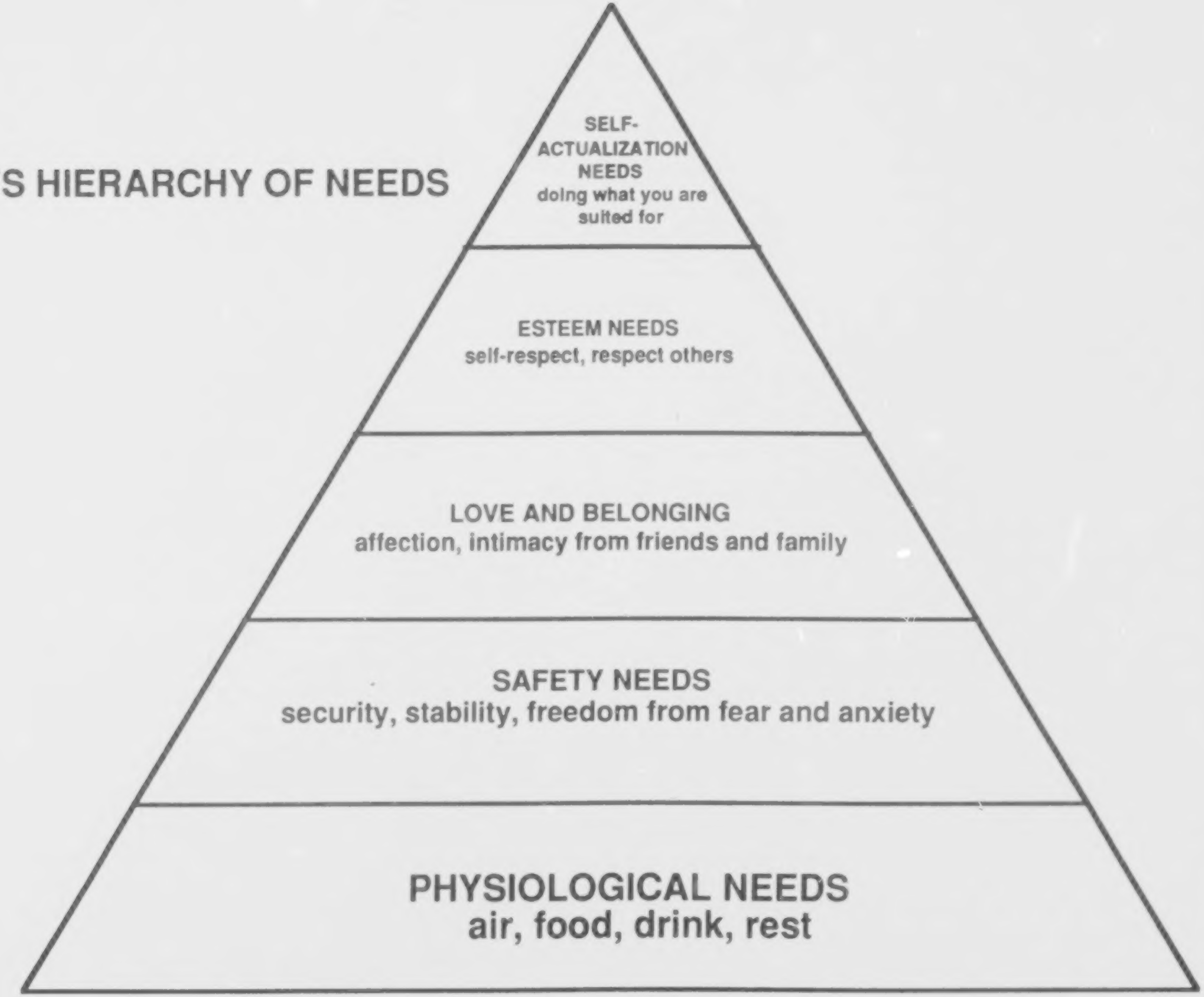
## MASLOW (ABRAHAM)

Abraham Maslow's theory is a humanistic theory in which each person has his/her own inner nature and a strong motivation to express that nature. However, the basic survival needs, which all living organisms have, must be met. Therefore, Maslow created the hierarchy of needs. The hierarchy of needs begins with food, water, and shelter. It then moves to a high level of more exclusive human needs. If a person's lower needs are not met, then that person must spend time and energy trying to meet these basic needs, therefore, stunting the normal drive for love, esteem, and self-fulfillment.

1. Physiological needs: air, food, drink, rest
2. Safety needs: security, stability, freedom from fear and anxiety
3. Love and belonging: affection, intimacy from friends and family
4. Esteem needs: self-respect, respect for others
5. Self-actualization needs: doing what one is suited for and capable of doing

Review the transparency of Maslow's chart

# MASLOW'S HIERARCHY OF NEEDS



**SELF-ACTUALIZATION NEEDS**
doing what you are suited for

**ESTEEM NEEDS**
self-respect, respect others

**LOVE AND BELONGING**
affection, intimacy from friends and family

**SAFETY NEEDS**
security, stability, freedom from fear and anxiety

**PHYSIOLOGICAL NEEDS**
air, food, drink, rest

## PIAGET (JEAN)

Jean Piaget's theory has four major stages that are concerned mainly with children's cognitive or mental development. He believed that children at different ages think differently. His four stages are as follows:

1. Sensorimotor: This stage occurs between birth and age two. It has six sub stages in which children learn and experience the world by using their senses (sight, sound, touch, smell, and taste). They combine the use of their senses with their motor skills, hence the term sensorimotor. During this stage, the child will learn complex behaviors. The child is egocentric, or believes that the world and the people in it revolve around him/her. By the end of this stage, the child will have learned to experiment, to solve problems, and to pretend.
2. Preoperational: This stage occurs between ages 2-7. The child begins to form concepts and use symbols. This allows the child to communicate and gain language development. The child can imitate actions that he/she has observed beforehand. The child is not interested in logical explanations but is interested in discovering things for himself/herself. The child becomes increasingly less egocentric, but he/she still believes that other people think the same as he/she does.
3. Concrete Operational: This stage occurs between ages 7-11. This is a time when children learn to reason and use simple deductive logic to arrive at conclusions. The child is able to imagine what another person might be thinking or feeling and, therefore, his/her thinking becomes more flexible. However, the situation or his/her thinking must involve concrete objects or be based on real life circumstances.
4. Formal Operational: This stage occurs between ages 11-15. This stage is the highest level of mental development, according to Piaget's theory. Children can think abstractly as well as accurately draw conclusions. They can look to the future or recall the past. They can distinguish between realistic and unrealistic possibilities. In this stage, individuals can conceptualize "if..., then..." situations. According to Piaget, some people, even adults, never master all the intellectual skills associated with this stage of development.

# THEORISTS ROLE PLAYS--WHO AM I?

My theory has four major stages that are concerned mainly with children's cognitive or mental development. I believe that children at different ages think differently. And by the way, please pronounce my name correctly, I'm French, you know!
**JEAN PIAGET**

I developed eight specific stages of personality from birth to old age. I believe that the personality develops continuously throughout the life cycle. The individual's personality is in constant motion and is always redeveloping itself.
**ERIK ERIKSON**

My theory is concerned with the physical development of children. I determined the normal sequence of development and at what age children should be able to do certain things. My age-norms are still used today.
**ARNOLD GESELL**

Mine is a humanistic theory in which each person has his/her own inner nature and a strong motivation to express that nature. However, the basic survival needs, which all living organisms have, must be met. My hierarchy of needs has become quite famous, if I do say so myself!
**ABRAHAM MASLOW**

My theories have influenced many theorists over the years. My most known studies are the three theoretical components of personality, which are the ID, the EGO, and the SUPEREGO. I also identified the five psychosexual stages. Surely you've heard of me, I'm very famous, even though many people think I got a little hung up on the sexual aspects of development.
**SIGMUND FREUD**

My theory is based on how children develop morally. I have three levels of moral development: preconventional, conventional, and postconventional. If you would have attended one of my conventions, you would already know that!
**LAWRENCE KOHLBERG**

**UNIT:** Prenatal Development **LESSON:** Teaching Children the Facts of Life
**TIME:** 1-2 days

## COMPETENCIES:

1. Students will identify the reasons for teaching sexuality to children. (Option 2)
2. Students will explain the importance of honesty and accuracy in teaching children about the reproductive process. (Option 3)
3. Students will list guidelines for teaching children about sexuality. (Option 4)

## OVERVIEW/SUMMARY:

In order for young people to feel comfortable and at ease when talking to their parents, the parents must feel comfortable and at ease talking to their children. Many parents/adults lack information about sexuality and do not teach their children this important information. Today we will talk about how you, as future parents can prepare yourself to talk to your children about this important subject. Remember, you can teach your children the correct information or they will learn it from another source, but it may not be correct. It is very important that children get correct information concerning this subject.

TEACHER NOTE: The purpose of this discussion is to help teens, before they are parents, gain an understanding of how they can teach their future children about this important topic. This discussion is also a good icebreaker to teach the class about the correct names and functions of the reproductive organs.

## MOTIVATOR:

Write the following on the chalkboard:

FACTS OF LIFE

WHY? WHAT? WHEN? WHERE?

Ask students to think back to the times someone told them about the facts of life. Select one of the questions listed on the board and share with the class what your first talk was like. For example: WHERE? I asked my mom where babies came from. She asked me where I thought they came from. I said the hospital. She said, "Yes, babies come from the hospital. Is there anything else you'd like to know?" I said, "Nope." I didn't want to know very much information, just the answer to that question.

## LESSON OPTIONS/SUPPLIES:

NOTE TO TEACHERS: Please adapt examples from your own experiences to help you feel comfortable with the steps and guidelines listed below. This lesson is taught to the students as if they were parents. It deals with how to teach someone else about the facts of life.

OPTION 1
JOURNAL ENTRY: The day I learned about the facts of life . . .

OPTION 2--Competency 1
REASONS FOR TEACHING SEXUALITY: Review the list of reasons for teaching sexuality to children. Encourage student comments and discussion. See teacher information.

OPTION 3--Competency 2
ACCURACY AND HONESTY: When teaching sexuality, there are two principles that must be observed: **ACCURACY AND HONESTY.**

Do you remember when you first learned about the sexual differences between boys and girls? (Share your personal experience.) Remember, most parents have not asked students these questions. It is normal for them to laugh or act embarrassed. Some examples may be:

When they had a new baby come into their home.

When they were in grade school and had "the talk." How did they feel about it? Was it new information to them or were they already familiar with what was going on?

When they saw a picture in a magazine or on an advertisement?

Do you remember talking with your parents about the sexual differences between boys and girls? Were your parents uncomfortable? Did they want to put off the discussion until a later date? Did they act like the topic was nasty or unacceptable?

Would you like to have your children ask you the questions you are uncomfortable asking your parents? Would you like a more open relationship with your children than you have with your parents?

OPTION 4--Competency 3
GUIDELINES FOR TEACHING CHILDREN ABOUT SEXUALITY: Review the guidelines for teaching children about sexuality.

## REASONS FOR TEACHING SEXUALITY

1. Obtain correct facts of anatomy and physiology. If this information is incorrect, serious mistakes can be made.
2. Improve self-esteem. If you know about your body and that you are just like everyone else, many worries are taken from you.
3. Clarify values and morals. The topic of sexuality is closely tied to values and morals. Values and morals will not be taught in school and should be taught by parents. Otherwise, morals will be taught by peers and the media.
4. Improve communication. If children can talk to their parents about sexual matters, the relationship rarely goes awry.
5. Recognize destructive elements in relationships. If children are unaware of the components of sexuality, they could be abused by someone without realizing what was occurring. Children should also understand that sex is a part of marriage that results from love, not as a bargaining tool.
6. Understand marriage fertility. As children grow up, they need to be aware that there may be problems with body functions. If or when they become aware of a difference in their body, they should seek advice from a knowing adult.
7. Avoid STDs. STDs are spreading rapidly. Children need to be made aware of the danger of STDs and how they are spread.
8. Avoid rape. Children need to know the definition of rape and how it occurs. They should be told how to deal with such a situation if it should ever occur.
9. Acceptance of sexuality. Sexuality can be frightening for the uninformed child. Explaining sexuality and bodily functions to children while they are young will help them adapt to the changes that will occur later in their lives.

# GUIDELINES FOR TEACHING CHILDREN ABOUT SEXUALITY

1. BEGIN TEACHING WHEN CHILDREN START ASKING QUESTIONS. (Such as when a woman is pregnant and the child asks, "Why are you getting so fat?")

2. ALWAYS TELL THE TRUTH! For example, if a woman has just gained weight, she should tell the child, but if she is pregnant, she should also tell the child.

3. USE CORRECT TERMINOLOGY! Parents should use correct terms when referring to body parts. For example: A baby is growing in the mother's uterus. It is a special place that babies grow in. Boys do not have a uterus, but they do have a penis. Do not use slang words when referring to body parts.

4. IF A CHILD HAS NOT ASKED A FEW QUESTIONS BY THE TIME THEY ARE 6 YEARS OLD, LOOK FOR OPPORTUNITIES TO TALK TO THEM ABOUT THE FACTS OF LIFE. It is much easier to teach a young child than it is to teach a preteen or teenager who has hormones coursing through his/her body and is already feeling somewhat embarrassed. Many parents think of sexuality as the act of having sex. Thus, they never teach their children because they are uncomfortable with talking about a personal, passionate, private topic to a child. This topic must be taught differently according to the age of the child.

5. ANSWER ONLY THE QUESTIONS THE CHILD ASKS AND IN TERMS HE/SHE CAN UNDERSTAND. For example, when a 5-year-old asks where babies come from, all he/she is asking is where babies come from. A good answer would be that the baby grows in a mother's uterus. The baby begins to grow when an egg cell from the mother and a sperm cell from the father join together. The child is not asking about how the sperm got into the mother's body or about how people have sex. When the child asks how the sperm and egg get together, you can explain that it is a very special way that moms and dads have of showing their love for each other. They kiss one another and share their love. The dad's penis goes into the mother's vagina, and the sperm are then put into the mother's body. The sperm and egg join together in the fallopian tube and begin to grow into a baby. The depth of information depends on the age of the child. Remember to have students consider their personal moral beliefs concerning these matters.

6. ALWAYS LEAVE THE DOOR OPEN FOR MORE DISCUSSION LATER. Always end the conversation with something like, "Do you have any more questions? If you ever have questions about anything, remember that you can talk to your mom or your dad."

7. EXPLAIN YOUR MORAL STANDPOINT AS PART OF EVERY DISCUSSION. This is a sensitive topic. You should only talk about it to your family. This is the time to teach a child family values. For example: People should have sex only after they are married (or whatever your values dictate). Ask the older child what he/she thinks would happen if a baby did not have both a mother and a father? If they come to the conclusion that it is better for a baby to have both a mother and a father, then explain that people should wait until after they are married to have sex so that the baby will have both a mother and a father.

8. REMEMBER THAT CHILDREN ARE NATURALLY CURIOUS ABOUT PHYSICAL DIFFERENCES.

   A. Answer questions in a calm, matter-of-fact way.

   B. Explain about modesty and manners--boys do not dress in front of girls and vice versa.

   C. Do not put your adult experience and understanding into their questions. DO NOT JUMP TO CONCLUSIONS! One youngster asked his mother where he came from. She explained the entire reproductive process to him and thought she had done a great job. When she finished, the little boy said, "Oh, really, Jimmy said he came from Kansas." The little boy asked a very simple question. The mother could have answered him better by asking a question back, "Where do you think you came from?" This gives the child an opportunity to give the adult an idea of the depth of information he/she is seeking.

   D. If you answer questions for the child of another person, always tell the child's parent about the conversation. Otherwise, the child might inadvertently tell his/her parent what you said, adding some of his/her own interpretation. Protect yourself by telling the parent what was said.

   E. Always focus on the positive aspects of being either female or male. After explaining the joy of being a mother and the pain of childbirth, one little boy nudged his brother and said, "I'm glad I'm not a girl!" The mother replied, "Well, you don't ever have to feel the pain of having a baby, but you don't ever get to feel a baby inside your body. Girls and boys both have special things about them, and they both have some things that may not be so fun. But, both boys and girls are necessary!"

**UNIT:** Prenatal Development **LESSON:** Male and Female Reproduction
**TIME:** 1 day

## COMPETENCIES:

1. Identify the female reproductive organs and the functions of each. (Options 1, 2, 5, and 6)
2. Identify the male reproductive organs and the functions of each. (Options 1, 2, 5, and 6)
3. Describe the process of conception and complications that may arise. (Options 1, 3, 4, 5, and 6)

**OVERVIEW/SUMMARY:** The male and female reproductive systems provide a means of creating a new human body. Specific organs are responsible for the production of sex cells; others transport and nourish the cells or provide a place for the development of the new body.

NOTE TO TEACHER: Prepare the class for this lesson by explaining that you will be using correct anatomical terms. There is nothing silly or funny about this subject and students will be expected to act like adults, although when students feel uncomfortable, they tend to giggle and be silly. Help them feel free to ask any questions they wish during this lesson.

## INTRODUCTION:

Have students draw stick pictures of their families. Share the pictures with the class. Ask the students, "In these pictures, how can you tell the boys from the girls?" (The girls usually have skirts, the hair styles are different, etc.) Pretend to sit down and close the lesson by saying, "Well, I can see that you know all you need to know about the difference between boys and girls, so we'll move on to our next unit of study."

Discuss with the class how many parents leave their child's understanding of sexual differences as a total mystery to the child. This causes confusion and frustration for the child. It is important for the students to know how their bodies work.

## LESSON OPTIONS/SUPPLIES:

OPTION 1--Competencies 1, 2, and 3
STORIES: Have the students write a story in their own terms about the reproductive process. This is a great way for students to realize that they really do not know it all and need to listen to this lesson.

OPTION 2--Competencies 1 and 2
REPRODUCTIVE ORGANS: Using transparencies of the male and female anatomy, name and define the respective reproductive organs. Explain the function(s) of each. Give students a copy of the anatomy charts for them to complete while the discussion takes place. TEACHER NOTE: If you show the transparency on the chalkboard and write on the chalkboard rather than the transparency itself, the cleanup is much easier.)

OPTION 3--Competency 3
FERTILIZATION: Discuss teacher information, "Fertilization."

OPTION 4--Competency 3
COMPLICATIONS: Discuss some of the common complications related to conception, using the teacher information, "Complication Terms." You may wish to use the diagrams of males and females as this discussion takes place.

OPTION 5--Competencies 1, 2, 3
INTERACTIVE VIDEO: Show interactive NOVA, "Miracle of Life," to teach the male and female reproductive parts. Use the Video Explorations from the database for a class demonstration. Complete the "Comparing Male and Female Theme Tours." Show the "Male and Female Reproductive System" Video Exploration.

OPTION 6--Competencies 1, 2, and 3
MIRACLE OF LIFE: Refer to the Teacher's Guide included in the Miracle of Life Interactive NOVA. Show the applicable videos.

Male and Female Reproductive Systems
Reproductive Hormones*
Stages of Prenatal Development
Responsible Sexuality (Optional)
Puberty Myths

## RESOURCES:

Interactive Nova
Miracle of Life
Scholastic Inc.
2921 East McCarty St.
Jefferson City, MO 65102
Cost: $395
Miracle of Life is an innovative way to teach delicate information about the beginning of life. This program combines recorded laser disk and computer database biological information. Images are then displayed on the television screen and computer monitor. Each image is controlled by the computer program, which provides immediate access to any image or bit of information. This tool can be used for lectures, demonstrations, guided inquiries, group learning, independent research, and multimedia reports.

*Life Magazine*, August, 1990, "The Ovum Period." Reprinted from April 30, Life Educator Reprints, 1965, Media International, Canaan, NH 03741

*Parent's Magazine*, March 1981, "The Embryonic Period."

## FEMALE REPRODUCTIVE ORGANS

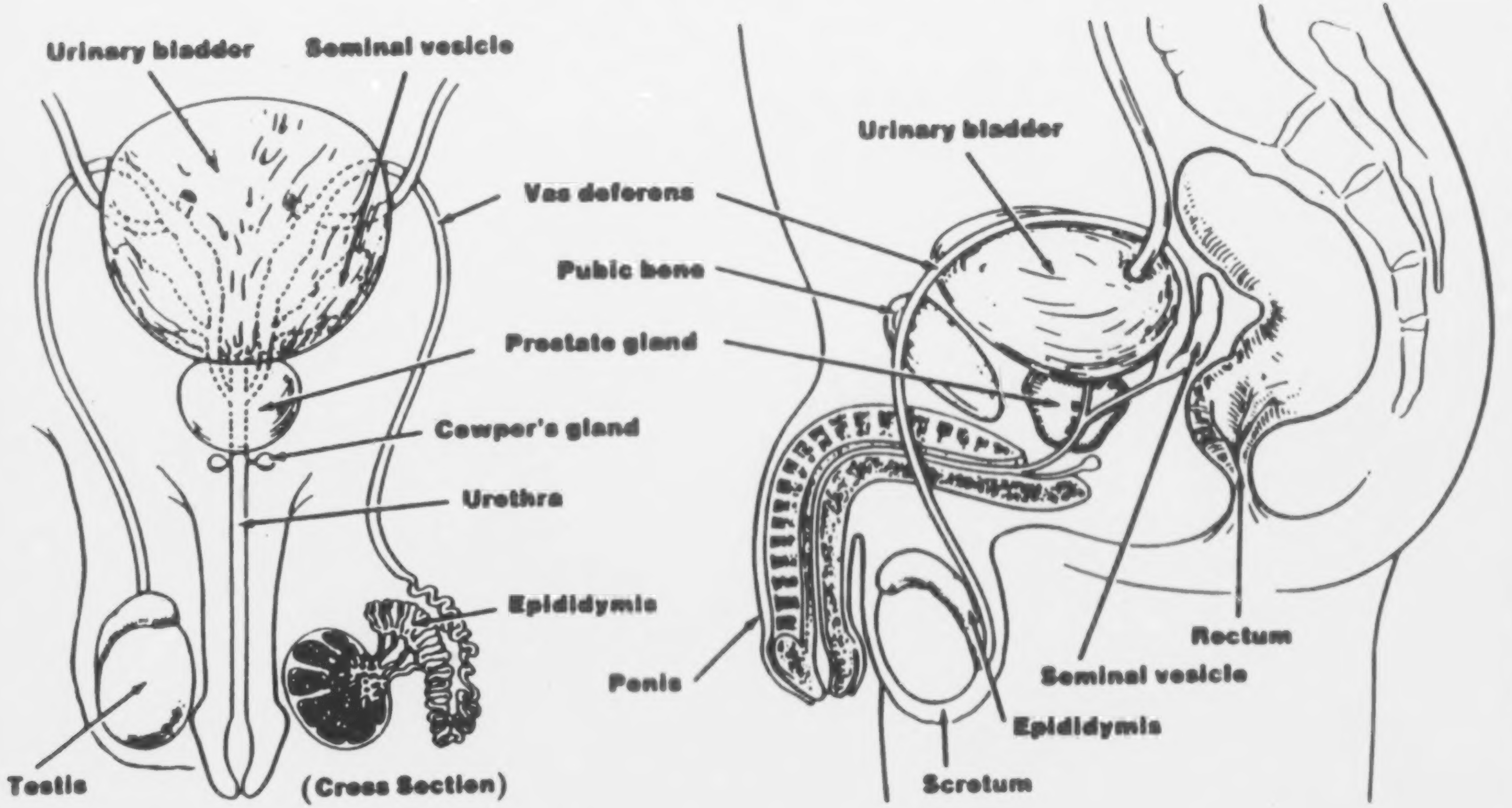
| | |
|---|---|
| CERVIX: | The opening in the uterus that leads to the vagina. It helps hold the baby in the womb. In order for birth to occur, the cervix must dilate. |
| CONCEPTION: | Fertilization of the ovum. |
| ENDOMETRIUM: | Lining of the uterus. Provides nourishment for the fertilized egg. If it is not used, it is sloughed off as menstruation. |
| FALLOPIAN TUBE: | A passageway to transport the egg from the ovary to the uterus. |
| FERTILIZATION: | When the sperm penetrates the ovum. |
| FIMBRAE: | Fringe-like structures that hover close to the ovary and catch the ovum when it is released from the ovary. |
| GENITALS: | Sex organs (male or female). |
| LABIA (outer): | The protective, large outer and small inner folds of skin on the woman's external genital area. |
| OVUM (OVA): | The female reproductive cell. |
| OVARIES: | Two almond shaped organs that produce the female egg cell. |
| OVULATION: | Issuing or releasing the ripened ovum from the follicle of the ovary. |
| PERINEUM: | The area between the vaginal opening and the anus. |
| PREGNANT: | Being with child. |
| UTERUS (WOMB): | The organ that provides protection and nutrients and houses the unborn child. The place where the egg cell develops if it has been fertilized. |
| URETHRA, VAGINA, RECTUM: | The three outside openings to the woman's body. |

| | |
|---|---|
| VAGINA: | The passageway leading from the female's external genital organs to the uterus. It is a passageway for sperm, menstrual fluid, and the birth of a baby. During birth, it is referred to as the birth canal. It is a passageway from the uterus that leads to the outside of the lower part of the body. |
| VULVA (inner): | The female external genitals that prevent entrance of foreign bodies into the body. |

## MALE REPRODUCTIVE ORGANS

| | |
|---|---|
| COWPER'S GLANDS: | Two small glands that secrete a clear sticky fluid to help neutralize the acidity of the urethra. |
| EPIDIDYMUS: | The place where sperm are stored until they ripen or mature. |
| GENITALS: | Sex organs (male or female). |
| PENIS: | The organ of transfer (sperm or semen) containing the urethra. The male external reproductive organ. |
| PROSTATE GLAND: | A gland located beneath the bladder. It produces fluid to mix with the semen. It is a sticky fluid that helps neutralize the acidity of the urethra. |
| SPERM: | The male reproductive cell. |
| SEMEN: | Mixture of sperm cells and gland secretions. |
| SEMINAL VESICLES: | Where a sticky, sugary fluid to nourish the sperm is produced. This fluid provides 60 percent of the semen. |
| SCROTUM: | The sac around the testicles. A muscular tissue that holds the testes to suspend them away from the body. |
| TESTES (TESTICLE): | The organ that produces sperm. |
| TESTICLES: | Organs that produce male reproductive cells (sperm) and hormones. |
| URETHRA: | The passageway to transfer urine or semen outside of the body. It passes through the middle of the penis. |
| VAS DEFERENS: | The passageway carrying the sperm from the epididymus to the seminal vesicles. |

# MALE REPRODUCTIVE ORGANS

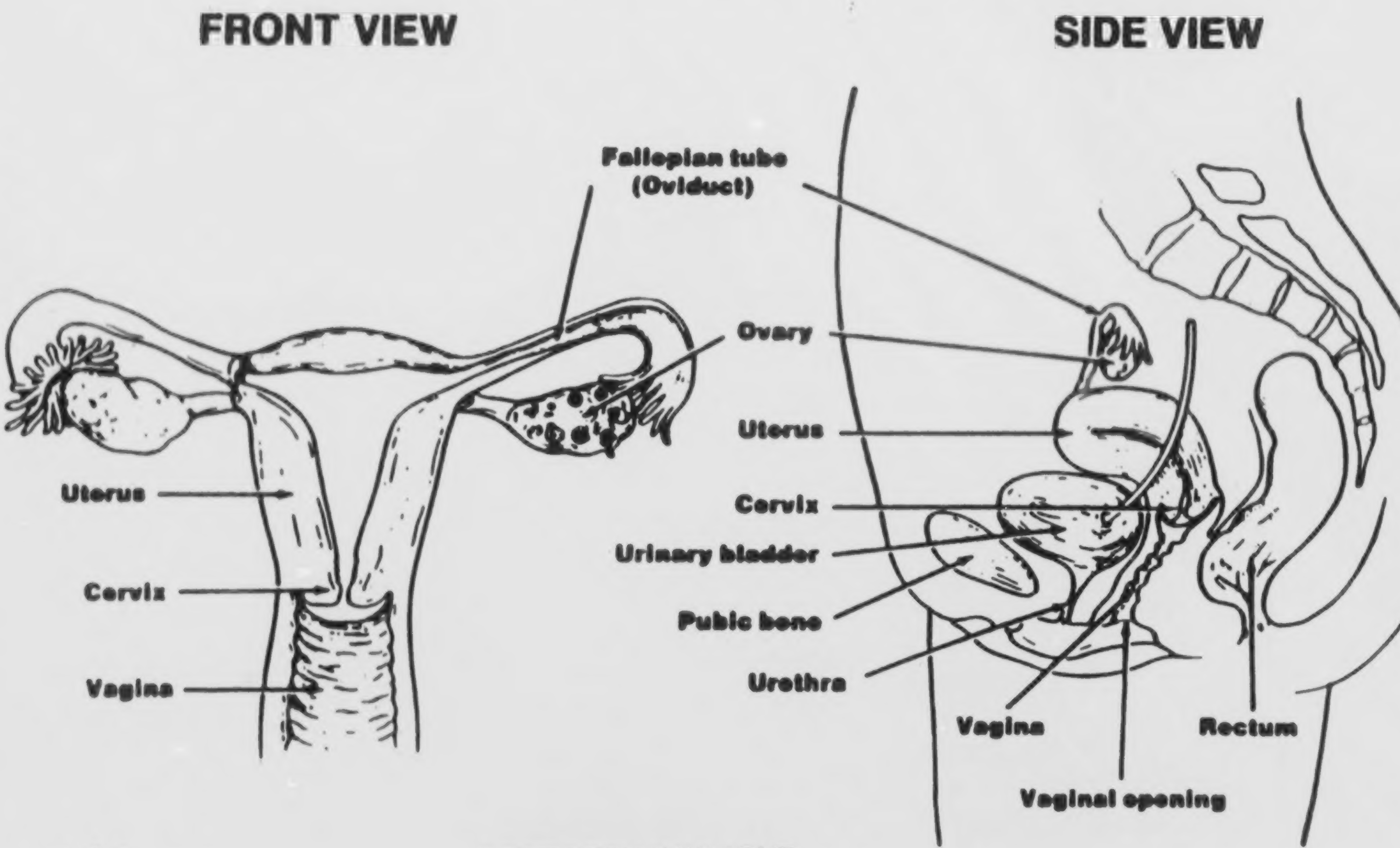


FRONT VIEW

SIDE VIEW

Urinary bladder
Seminal vesicle
Vas deferens
Pubic bone
Prostate gland
Cowper's gland
Urethra
Epididymis
Testis
(Cross Section)
Urinary bladder
Penis
Scrotum
Epididymis
Seminal vesicle
Rectum

# FEMALE REPRODUCTIVE ORGANS


FRONT VIEW

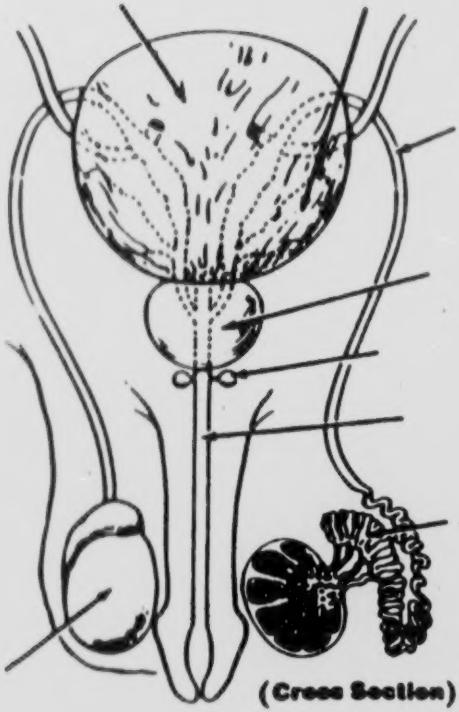
SIDE VIEW

Fallopian tube
(Oviduct)
Ovary
Uterus
Uterus
Cervix
Cervix
Urinary bladder
Pubic bone
Urethra
Vagina
Vagina
Rectum
Vaginal opening

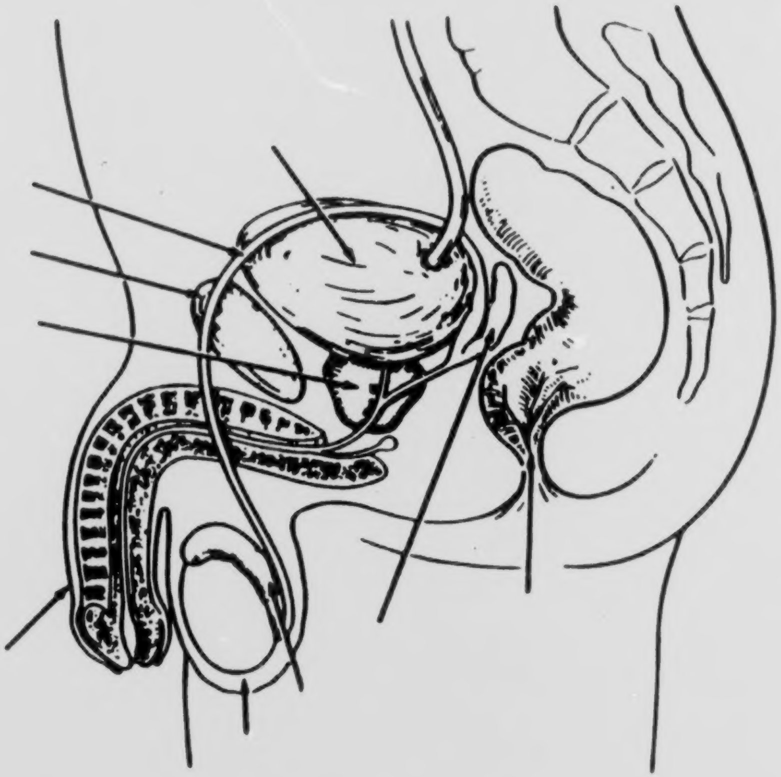
BEST COPY AVAILABLE

# MALE REPRODUCTIVE ORGANS

## FRONT VIEW


(Cross Section)

## SIDE VIEW



OPTION 2--MALE AND FEMALE REPRODUCTION

Name ______________________

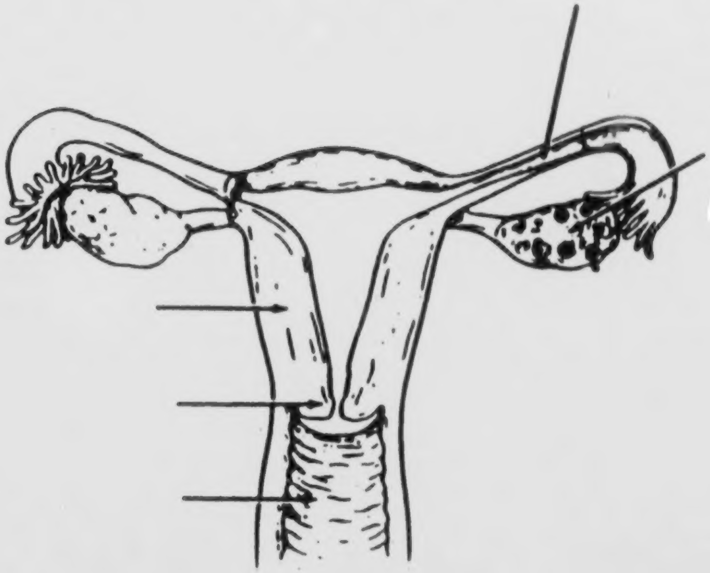
Hour ______

STUDENT

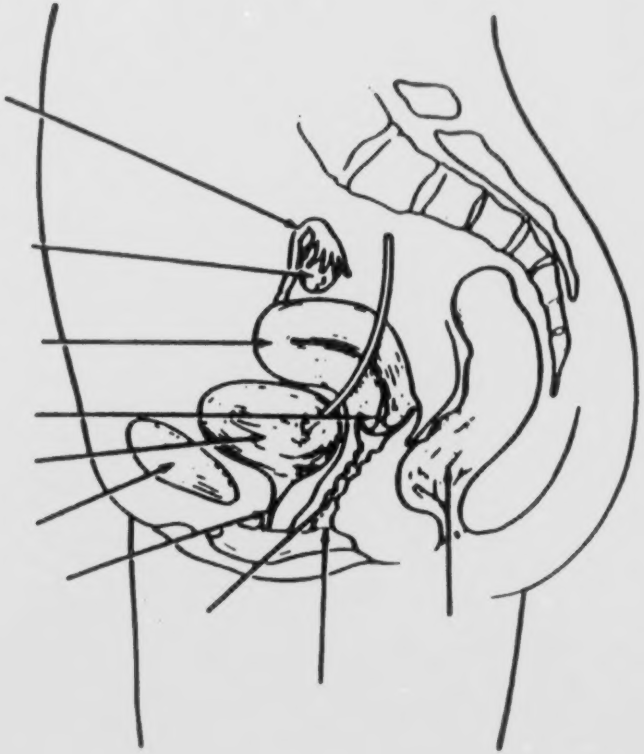
Name ____________ Hour ______

# FEMALE REPRODUCTIVE ORGANS

**FRONT VIEW**



**SIDE VIEW**



# FERTILIZATION

Ovulation occurs when an egg is released from the ovary. After being released, the egg travels through the fallopian tube and enters the uterus. Conception occurs when an egg is fertilized by one sperm. This normally occurs in the fallopian tube. The egg and the sperm each contain 23 chromosomes. During conception, these chromosomes combine to provide the 46 chromosomes needed to produce a human being. This newly formed cell begins to divide and is referred to as a zygote. As the cells continue to divide, the zygote makes its way through the fallopian tube and enters into the uterus.

The zygote has divided many times by now and is a group of cells. This group of cells bounces around on the uterine wall until it finds an appropriate area to implant itself and begin forming what will soon become the placenta, umbilical cord, amniotic sac, and fetus. This process is very complex, and if any step of this process is disrupted, the progression will cease and all will be expelled. This expulsion is called menstruation. The menstrual cycle is a continuous process that begins at puberty. It continues through the childbearing years and ends with menopause. The average menstrual cycle is 28 days but may vary from 17-35 days and still be normal. There are four phases in this cycle. (Refer to transparency, "MENSTRUAL CYCLE")

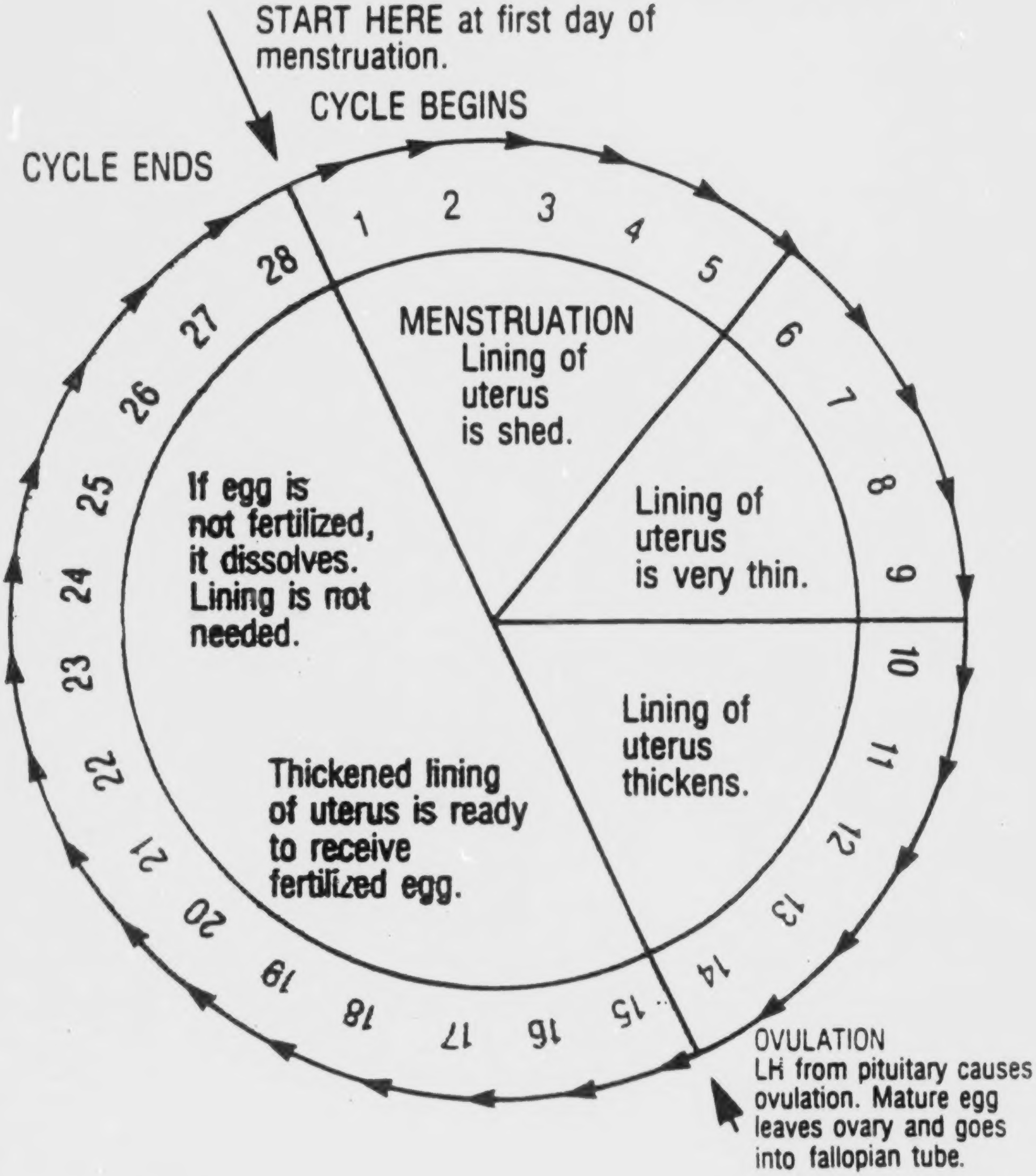
Phase I (Days 1-5) MENSTRUAL PHASE: The actual shedding of the unused uterine lining. This happens when pregnancy has not occurred and another cycle begins. The menstrual flow continues for about 4-5 days. After menstruation stops, preparation for possible reproduction begins again.

Phase II (Days 10-14) POST MENSTRUAL PHASE: Following menstruation, the endometrium or uterine lining is thin. This is the resting stage. At this time, low levels of estrogen and progesterone signal the pituitary to send large amounts of follicle stimulating hormone (FSH) to the ovaries. This causes one egg, or ovum, to begin to mature.

Phase III (Days 10-14) INTERMENSTRUAL PHASE AND OVULATION: The ovaries release estrogen, which causes the endometrium to thicken. A matured egg breaks from the egg sac and leaves the ovary. This is called ovulation. Then the egg enters the fallopian tube and is on its way to the uterus. If male sperm cells have been deposited in the vagina near the time of ovulation, pregnancy can occur. The egg is usually fertilized while it is in the fallopian tube. Male sperm cells swim into the fallopian tubes.

Phase IV (Days 15-28) PREMENSTRUAL PHASE: The uterus continues to thicken. The ovary supplies progesterone, which prepares the lining of the uterus to receive and care for a fertilized egg. If it is not fertilized, the egg disintegrates. The uterine lining is not needed and is ready to be shed. Menstruation and another cycle will begin.

THE FOUR PHASES OF THE MENSTRUAL CYCLE


START HERE at first day of menstruation.
CYCLE BEGINS
CYCLE ENDS
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
MENSTRUATION
Lining of uterus is shed.
Lining of uterus is very thin.
Lining of uterus thickens.
Thickened lining of uterus is ready to receive fertilized egg.
If egg is not fertilized, it dissolves. Lining is not needed.
OVULATION
LH from pituitary causes ovulation. Mature egg leaves ovary and goes into fallopian tube.

# COMPLICATION TERMS

Following are a list of terms that deal with reproduction problems. If any of these items are out of balance or not working correctly, conception is more difficult and, in many cases, cannot occur.

BREAST CANCER--abnormal cell growth of the breast tissue. The number two killer among women. It is usually detected by a lump in the breast. Self-exams should be done on a monthly basis.

CIRCUMCISION--to cut off the foreskin of the penis.

ENDOMETRIOSIS--when the endometrium backs up into the fallopian tubes instead of being released to the outside of the body. The endometrium causes scar tissue and further complications.

ESTROGEN--a hormone that promotes development of various female characteristics.

HERNIA--when part of the intestine protrudes down the inguinal canal into the scrotum. It is caused by exertion increasing the pressure of the intestine against a congenitally weak spot in the abdominal wall.

HYSTERECTOMY--surgical procedure in which the uterus is completely removed.

PMS (PREMENSTRUAL SYNDROME)--a condition that occurs 7-10 days before the menstrual period begins. Symptoms include headaches, backaches, weight gain, breast-tenderness, water retention, food craving, fainting, and clumsiness. Symptoms generally improve with the onset of bleeding.

PROGESTERONE--a hormone of the ovary that prepares the uterus to receive the fertilized ovum.

PROSTATE CANCER--abnormal cell growth in the prostate gland. It can be slow growing or fast growing. One-third of all men in their sixties have some slow growing cancerous cells in their prostate.

PROSTATITIS--a bacterial infection of the prostate.

PROSTATOSIS--undiagnosed penis pain that may be caused by a stressed urinary sphincter, muscle vale, or stress. Sometimes it is aggravated by diet.

RADICAL HYSTERECTOMY--surgical removal of the uterus, cervix, ovaries, and fallopian tubes.

TESTOSTERONE--male sex hormone manufactured in the testicles. It is responsible for puberty and sperm cell production.

TOTAL HYSTERECTOMY--surgical removal of the uterus and cervix.

TUBAL LIGATION--the tying or binding of the fallopian tubes as a method of sterilization.

UTERINE OR CERVICAL CANCER--abnormal growth of cells in the uterus or cervix. Symptoms include abnormal bleeding or vaginal discharge or the appearance of a tumor. This is detected by a pap smear and treated by surgery or radiation.

VAGINITIS--any vaginal infection or inflammation characterized by a change in vaginal discharge (examples: yeast or monilia infection).

VASECTOMY--male sterilization operation performed under local anesthesia. It involves cutting the vas deferens. Surgery can be reversed in over half the cases.

**UNIT:** Prenatal Development **LESSON:** Birth Defects, Genetics, and Heredity
**TIME:** 1 day

**COMPETENCIES:**

1. Analyze the influence and effects of genetics and heredity. (Options 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, and 14)
2. Identify various types and causes of birth defects and their characteristics. (Options 2, 3, 4, 5, 6, 7, 8, 9, 11, and 12)
3. Specify the components of a healthy lifestyle, currently and during pregnancy, that minimize the potential of birth defects. (Options 2, 3, 7, 11, 12, and 13)
4. Discuss medical intervention techniques available during prenatal development that can prevent birth defects. (Options 2, 3, 8, and 11)
5. Analyze the effects of various birth defects on cognitive, social, emotional, and physical development. (Options 2, 3, 5, 6, 9, 11, and 14)
6. Discuss the effect of environmental concerns on birth defects. (Options 2, 7, 12, and 13)

**OVERVIEW/SUMMARY:** No two human beings have ever been exactly alike. Every human being is unique. This uniqueness is first established by the combination of the parents' genes.

**INTRODUCTION:**
GO FOR THE GOLD: Have students complete the activity "GO FOR THE GOLD!"

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: I Have a Sister and My Sister Is Deaf, Sesame Street Sign Language Fun With Linda Bore, ISBN #0-394-84212-X, Illustrator, Tom Cooke, Sesame Street Sign Language, ABC. The Cow That Went Oink, Bernard Most, IISBN # 0-15-220195-5.

**TEACHER NOTE: Due to the nature of this topic, we have included two levels of difficulty in this lesson plan. Those options that are more detailed and advanced will be noted as such. Be sure to review your scope and sequence before planning which lesson to use.**

OPTION 2--Competencies 1, 2, 3, 4, 5, and 6
INTRODUCTION TO HEREDITY: Let students use the booklets Birth Defects: The Tragedy and the Hope, March of Dimes, 1975 and 1986, to complete the worksheet "Introduction to Heredity."

OPTION 3 (Basic)--Competencies 1, 2, 3, 4, 5, and 6
DISCUSSION: Have students complete the "GENETICS/HEREDITY LISTENING GUIDE" as the teacher presents "Genetics/Heredity Discussion." It is suggested that you make a transparency of the key and cover all the questions. As the question is answered, slide the paper down to reveal the answer. Review all the questions.

OPTION 4 (Advanced)--Competencies 1 and 2
HEREDITY WORKSHEET: Have the following resources available for student use: March of Dimes information sheets, Genetics Counseling Booklet, Birth Defects booklet, and information in classroom text. Have the students complete the "Heredity Worksheet." Correct the worksheet in class and have students correct their wrong answers so they can study correct information for the test.

OPTION 5 (Basic)--Competencies 1, 2, and 5
BIRTH DEFECTS DISCUSSION: Discuss birth defects with the class. Have the class complete the "BIRTH DEFECTS CHART."

OPTION 6 (Advanced)--Competencies 1, 2, and 5
GENETIC DISORDERS: Divide the class into small groups. Assign each group a birth defect to read about and present to the class. Provide each group with the necessary information for its presentation. There are many resources available from March of Dimes and hospital education centers. As each birth defect is presented, have the students take notes on the chart "Genetic Disorders."

OPTION 7--Competencies 1, 2, 3, and 6
HEREDITY OR ENVIRONMENT: Have students complete the worksheet.

OPTION 8--Competencies 1, 2, and 4
GUEST SPEAKER: Invite a genetics specialist to come to class and talk about genetics, its role in birth defects, and procedures available to diagnose genetic problems and disorders.

OPTION 9--Competencies 1, 2, and 5
GUEST SPEAKERS: Invite parents of children with birth defects to talk to the class and answer questions from the students. Have them discuss the impact on the family from a child with a birth defect.

OPTION 10--Competencies will vary according to the video seen in class
VIDEO: Review the information "Complications of Pregnancy," then watch one of the following videos: "Cocaine's Children," "Fetal Alcohol Syndrome," "Genetics and Heredity," or "The One of Us," available through March of Dimes.

OPTION 11--Competencies 1, 2, 3, 4, 5, and 6
THE FAMILY PROFILE: Using the program "Ready, Set, Grow," have the students complete "The Family Profile." They will be expected to complete answers about their eye color, hair, ears, nose, skin, chin, and height. After determining the appropriate information, have them evaluate the predicitions given by the computer program about their future children. Run a copy of the profiles, if possible. Have paired students draw a picture of their future child, as predicted by the program.

OPTION 12--Competencies 1, 2, 3, and 6
RISK AWARENESS: As students enter the class, give them a slip of paper with a birth defect listed on it (see teacher information, "Birth Defects"). Have students use the program "Ready, Set, Grow" to complete a profile. They can print their results and report their risk awareness to the class. They can then do additional research to find out more about each hereditary or environmental complication.

OPTION 13--Competencies 1, 3, and 6
PLAYING IT SAFE IN PREGNANCY: Use the program "Ready, Set, Grow" to review concepts dealing with how to promote healthy pregnancies and life. Items that can be reviewed are Toxins to Avoid, Drugs and Food to Avoid, and Other Things to Avoid.

OPTION 14--Competencies 1 and 5
VIDEO: If you did not use the video NATURE AND NUTURE in the Nurturing/Bonding lesson, you may wish to use it in this lesson.

## RESOURCES:

"Nature and Nurture," #ST 1135
Films for the Humanities and Sciences
P.O. Box 2053, Princeton, NJ 08543-2053
800-257-5126 OR 609-275-1400
FAX 609-275-3767
52 minutes, $89.95

Purple March of Dimes Book--Birth Defects

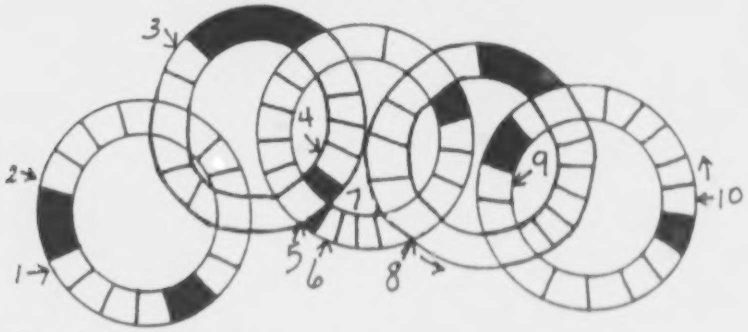
Children the Early Years. Chapter 3--Pregnancy

VIDEO: Alcohol and Pregnancy: FAS and FAE AIMS Media 1-800-367-2467, $295

READY, SET, GROW!
Atlantis Software Company
4 Buckingham Court
Houston, TX 77024
(713) 973-7810
Macintosh Software
Cost: $41

Name ______________________________ Hour ____________

## GO FOR THE GOLD



1. The unfertilized egg is an __ __ __ __.

2. __ __ __ __ __ __ __ __ __ __ __ is the scientific name for identical multiple births, which means coming from one fertilized egg.

3. __ __ __ __ __ __ __ __ __ is the scientific name for nonidentical multiple births, which means coming from two fertilized eggs.

4. __ __ __ __ __ are bead-like structures that are strung together to form chromosomes. They determine the various traits with which a person will be born.

5. A rod-shaped chemical that pairs up with the other partners (rod-shaped chemicals) to determine the genetic code of an individual are called __ __ __ __ __ __ __ __ __ __ __.

6. The cell that is the basis for growth and contains half the number of chromosomes found in other cells is called a __ __ __ __ __ __ __ __.

7. A __ __ __ __ __ __ __ is a person who is able to pass a particular trait onto his/her own child even though the trait has not been expressed in him/her.

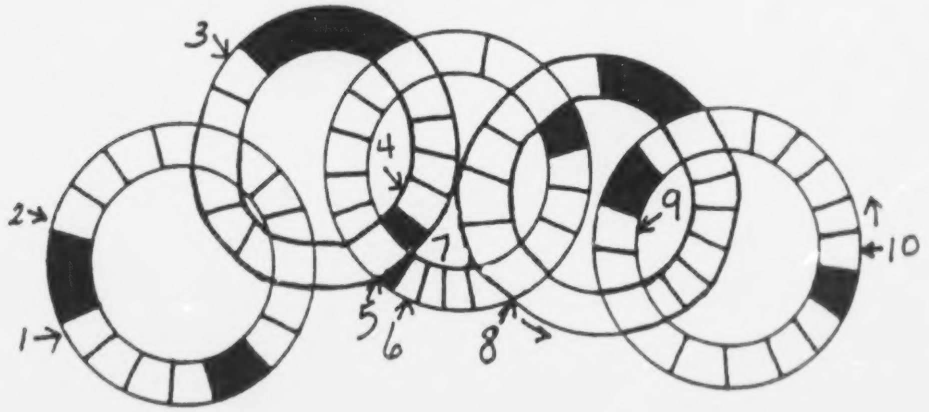
8. __ __ __ __ __ __ __ __ __ __ is the union of an ovum and a sperm or the beginning of a pregnancy.

9. When a group of signs and symptoms occur together and characterize a particular problem, it is called a __ __ __ __ __ __ __ __.

10. The __ __ __ __ __ __ __ __ trait shown in a person even if only one gene is a gene pair for that trait.

Do not be disappointed if you did not receive your gold medal before studying this unit. All gold medalists train hard. Try again after studying this unit.

## GO FOR THE GOLD--KEY



1. The unfertilized egg is an **OVUM**.

2. **MONOZYGOTIC** is the scientific name for identical multiple births, which means coming from one fertilized egg.

3. **DIZYGOTIC** is the scientific name for nonidentical multiple births, which means coming from two fertilized eggs.

4. **GENES** are bead-like structures that are strung together to form chromosomes. They determine the various traits with which a person will be born.

5. A rod-shaped chemical that pairs up with the other partners (rod-shaped chemicals) to determine the genetic code of an individual are called **CHROMOSOMES**.

6. The cell that is the basis for growth and contains half the number of chromosomes found in other cells is called a **GERM CELL**.

7. A **CARRIER** is a person who is able to pass a particular trait onto his/her own child even though the trait has not been expressed in him/her.

8. **CONCEPTION** is the union of an ovum and a sperm or the beginning of a pregnancy.

9. When a group of signs and symptoms occur together and characterize a particular problem, it is called a **SYNDROME**.

10. The **DOMINANT** trait shown in a person even if only one gene is a gene pair for that trait.

Name ______________________________ Hour ____________

# INTRODUCTION TO HEREDITY

Using the booklets provided, answer the following questions on your own paper. (You may write the questions on your answer sheet or include the question in your answer.)

1. Define birth defects.

2. List and discuss the five ways birth defects may be classified.

   A.

   B.

   C.

   D.

   E.

3. Name the three general causes of birth defects and the percentage or incidence for each.

   A.

   B.

   C.

4. When is the most sensitive period during prenatal development for birth defects to the unborn baby? Explain why this happens.

5. Name and explain the three direct maternal factors.

   A.

   B.

   C.

6. Name and explain the five environmental causes acting on the mother during pregnancy.

   A.

   B.

   C.

   D.

   E.

7. Name and discuss the two common examples of the effects the larger environment will have on the unborn.

   A.

   B.

8. Name and describe a birth defect that is caused by a combination of heredity and environment.

9. Name five things that can be done to help prevent birth defects.

   A.

   B.

   C.

   D.

   E.

# INTRODUCTION TO HEREDITY--KEY

Using the booklets provided, answer the following questions on your own paper.

1. Define birth defects.
   **AN ABNORMALITY OF STRUCTURE, FUNCTION, OR BODY METABOLISM THAT OFTEN RESULTS IN A PHYSICAL OR MENTAL HANDICAP, A SHORTENED LIFE, OR DEATH.**

2. List and discuss the five ways birth defects may be classified.
   **A. MALFORMATION PRESENT AT BIRTH, PART OF THE BODY MAY BE MISSING, MALFORMED, OR DUPLICATED.**
   **B. INBORN ERRORS OF METABOLISM--INABILITY OF BODY CELLS TO PRODUCE VARIOUS ENZYMES OR OTHER PROTEINS NEEDED TO CONVERT CERTAIN CHEMICALS INTO OTHERS OR CARRY SUBSTANCES FROM ONE PLACE TO ANOTHER.**
   **C. BLOOD DISORDERS--REDUCED OR MISSING BLOOD COMPONENT INABILITY TO DO ITS FULL SHARE OF WORK.**
   **D. CHROMOSOMAL ABNORMALITIES--CONTAIN CHROMOSOMES IN ABNORMAL NUMBERS, STRUCTURE, OR ARRANGEMENT--RETARDATION AND PHYSICAL MALFORMATIONS.**
   **E. PRENATAL DAMAGE--MANY CAUSES AND TAKES MANY FORMS, WHICH MAY INCLUDE INFECTIONS, CHEMICAL AGENTS, NATURAL DISORDER OF ABNORMALITIES UNIQUE TO PREGNANCY.**

3. Name the three general causes of birth defects and the percentage or incidence for each.
   **A. HEREDITY--20 percent**
   **B. ENVIRONMENT--20 percent**
   **C. COMBINATION OF HEREDITY AND ENVIRONMENT--60 percent.**

4. When is the most sensitive period during prenatal development for birth defects to the unborn baby? Explain why this is the case.
   **FIRST 6 WEEKS--BECAUSE BASIC FETAL FRAMEWORK IS BUILT DURING THIS TIME AND MOTHER RARELY KNOWS SHE IS PREGNANT.**

5. Name and explain the three direct maternal factors.
   **A. DIRECT METABOLIC DISORDERS--MOTHER MAY HAVE DISORDER THAT MAY OR MAY NOT PASS TO THE CHILD (DIABETES, PKU).**
   **B. MATERNAL AGE--MORE LIKELIHOOD OF PROBLEMS IF YOUNGER THAN 19 AND OVER 35 YEARS OF AGE.**
   **C. NUMBER AND SPACING OF PRIOR PREGNANCIES--HAVING CHILDREN CLOSE TOGETHER CAN AFFECT THE MOTHER'S HEALTH AND IN TURN AFFECT THE FETUS.**

6. Name and explain the five environmental causes acting on the mother during pregnancy.
   - **A. VIRAL DISEASE AND INFECTIONS CAN DAMAGE THE FETUS, DEPENDING ON WHAT IS BEING DEVELOPED AT THE TIME OF OCCURRENCE.**
   - **B. STDs CAN BE TRANSMITTED BEFORE OR DURING BIRTH.**
   - **C. DRUG USE--ANY DRUG CAN POTENTIALLY HARM. NEVER USE DRUGS WITHOUT A DOCTOR'S APPROVAL.**
   - **D. SMOKING: DEPENDS ON WHEN AND HOW MUCH THE MOTHER SMOKES.**
   - **E. DIET--BEST INDICATOR FOR POTENTIAL GROWTH IS MOTHER'S WEIGHT GAIN. A MOTHER NEEDS A BALANCED ADEQUATE DIET BEFORE AND DURING PREGNANCY.**

7. Name and discuss the two common examples of the effects the larger environment will have on the unborn.
   - **A. RADIATION--MAY CAUSE BIRTH DEFECTS--VARIES BECAUSE OF AMOUNT AND TIME INTRODUCED.**
   - **B. POLLUTANTS--WATER, AIR, PESTICIDES, ADDITIVES; MAY CAUSE PROBLEMS.**

8. Name and describe a birth defect that is caused by a combination of heredity and environment.
   **ANY OF THE FOLLOWING: DIABETES, HIGH BLOOD PRESSURE, CLEFT LIP/PALLET, CLUBFOOT, HYDROCEPHALUS, MUSCULAR DYSTROPHY, SPINA BIFIDA.**

9. Name five things that can be done to help prevent birth defects.
   - **A. EARLY AND REGULAR PRENATAL CARE.**
   - **B. VACCINES.**
   - **C. RH VACCINE DURING AND AFTER PREGNANCY.**
   - **D. CONSULT WITH GENETIC SERVICES.**
   - **E. BECOME EDUCATED**

# GENETICS/HEREDITY DISCUSSION

Each person begins life with his/her own set of blueprints or specifications. The study of how these blueprints are created is called genetics. All individuals normally inherit 23 pairs of chromosomes or 46 chromosomes in each of their billions of body cells. Chromosomes are rod-shaped chemicals that are tiny strands of DNA and protein that determine the genetic code of an individual. During a process called meiosis, each sex cell separates the paired chromosomes it contains and forms two new cells, each containing only 23 unpaired chromosomes. When the sex cell of a female, containing 23 chromosomes, combines with the sex cell of a male, containing 23 chromosomes, the result is a cell containing 46 paired chromosomes. One chromosome in each pair comes from the mother and one from the father.

Each chromosome is made up of thousands of genes. Genes are biochemical messengers that determine the specific physical and mental characteristics of each individual. The features and capacities that we inherit are determined by the genes given to us at the moment of conception.

These genes are carried on every chromosome on every cell of the body for the rest of the person's life. If that person becomes a biological parent, some combination of his/her genes will be passed on to the child.

Heredity refers to the characteristics that a child receives from both parents. This would include eye color, hair color, height, body build, blood types, intelligence, gender, and many other characteristics.

Special chromosomes, called sex chromosomes or germ cells, are identified by the symbols X and Y; they will determine the gender of the child. In the beginning, each sex cell contains 46 chromosomes. The male sex cell contains both an X and a Y chromosome. The female sex cell contains two X chromosomes. During the process of meiosis, each sex cell divides and reduces to 23 chromosomes. This occurs so a new being can be created, combining to make a new cell of 46 chromosomes.

Since the ovum always contains an X chromosome, she must pass an X chromosome to her child. Males can pass either the X or Y chromosome. If the male's Y chromosome unites with the egg, a boy will result. If the X chromosome from the male unites with the egg, then a girl will be the result. If the Y chromosome is passed from the father, the child will be a male. The sex of the child is determined by the chromosomes passed from the father.

TEACHER NOTE: This can be illustrated on the board or visually using children's stacking toys. Make two stacks of toys, using different color combinations in each stack. This shows that even though they are alike, they are also different.

Genes come from both parents and combine in different combinations. Each individual receives two genes for every inherited characteristic. One gene will come from the mother and one gene will come from the father. When both genes are the same, the characteristic will always be seen and expressed in the child. Some genes are dominant and some are recessive. A recessive trait can only determine the trait when two of them are present. The dominant gene is more powerful and will be the trait seen in a person. The recessive gene is weaker and hides in the background hoping to show up in future generations. The person then will still carry the recessive gene but will exhibit the trait of the dominant gene. For example, brown-eye genes are dominant over blue-eye genes. A person who receives both a brown and a blue-eye gene will have brown eyes; however, that person will still carry the recessive blue-eye gene and is able to pass that gene onto any children he/she might have.

Heredity explains why brothers and sisters often resemble each other. It also explains why brothers and sisters often look very different.

At times, a multiple birth may occur. Sometimes the fertilized ovum splits evenly into two identical cells that duplicate the chromosomal structure and continue to divide and grow into separate embryos. This produces monozygotic identical twins who have inherited the same genetic makeup. This means they will be the same gender.

There are times when the ovaries may release two or more eggs at the same time. These eggs are then fertilized by different sperm and begin growing simultaneously in the uterus. Since the babies are the result of different eggs and different sperms, they will look no more alike than any of the other children in the family. They may be different genders. These twins are called dizygotic or fraternal twins.

In multiple births of more than two, the babies may be identical, fraternal, or both. For example, triplets may be identical if the ovum splits into 3 parts, which then develop independently. If two eggs were released, and one of them splits apart, developing independently, there will be two identical babies and one single fraternal baby.

Siamese twins result when an ovum splits apart, but the separation is not completed. The babies will be joined at some part of their bodies. These births are very rare.

Some traits are carried by the sex chromosomes but are not specifically male or female traits. These are called sex-linked traits. They are determined by the recessive X chromosome. Since males have only one X chromosome, the mother would be a carrier of the trait and pass this recessive X chromosome to her son. Color blindness is an example of a sex-linked trait. A color-blind male receives the trait from his mother. The mother is usually not color blind herself, unless she received a recessive trait from both her mother and father. Dad cannot pass an X trait to his son, so if he has color-blindness, he will not pass it to his son.

Sometimes as the chromosomes come together and the genes matchup they do not pair properly and certain diseases or disabilities may be passed on to the child. When several signs or symptoms appear together, scientists categorize it as a particular problem. This is called a syndrome. Sometimes, these problems are evident right at birth and the child is born with the problem. This is called a congenital malformation because the problem was passed through the genes to the fetus.

Other times, the diseases of disabilities may be caused by a variety of factors. This type of problem is called a multifactorial defect.

There are times when the chromosomes are misshapen or there are too many or too few. This is called a chromosomal error.

Genetic counselors help people understand the way hereditary diseases and disabilities are passed on. Couples who have had a child with a problem or know that the family members have had problems may want to seek genetic counseling.

The genetic counselor, with the help of the couple, researches the problem. Tests are often given to determine if either partner is a carrier of a recessive gene.

A test can be performed to see if the fetus may have some genetic disorders. One of these tests is called amniocentesis. A sample of the amniotic fluid is removed with a needle inserted through the woman's abdomen into the amniotic fluid. The fluid contains cells cast off by the fetus. The doctors then study the cells to determine if the faulty chromosomes have been passed on to the fetus.

Even though there are many possibilities that a child may be born with a hereditary disease or disability, the majority of children come into this world as healthy, happy babies. Many consider this to be a miraculous happening.

NAME ________________________ HOUR __________

# GENETICS/HEREDITY LISTENING GUIDE

1. What is the name of the sex cell in the woman? ____________
2. What is the name of the sex cell in the male? ____________
3. What is contained in both of these sex cells? ____________
4. Describe and define chromosomes.
5. How many chromosomes are there in each cell of the human body? ________
6. Explain how the union of a female ovum and male sperm creates a human being that has similarities and differences from other humans.
7. Define genes:
8. How many genes are there? ____________
9. Define the following:
   a. sex chromosomes:
   b. meiosis:

c. dominant genes:

d. recessive genes:

e. sex-linked or X-linked defects:

f. syndrome:

g. congenital malformation:

h. multifactorial defects:

i. chromosomal error:

j. carrier:

k. amniocentesis:

10. What determines which characteristics a child will inherit from the parent?

11. Why is it probable that a brown-eyed mother and a blue-eyed father will have a brown-eyed child?

12. Which parent determines the sex of the child? Explain how this happens.

13. How are fraternal twins, triplets, and other multiple births produced?

14. How are identical twins produced?

# GENETICS/HEREDITY LISTENING GUIDE--KEY

1. What is the name of the sex cell in the woman?
   **OVUM OR EGG**

2. What is the name of the sex cell in the male?
   **SPERM**

3. What is contained in both of these sex cells?
   **CHROMOSOMES (GENES)**

4. Describe and define chromosomes.
   **CHROMOSOMES ARE CONTAINED IN THE NUCLEUS OF ALL BODY CELLS. THEY ARE THE CHEMICAL COMPOUNDS IN ALL LIVING THINGS.**

5. How many chromosomes are there in each cell of the human body?
   **46 OR 23 PAIR**

6. Explain how the union of a female ovum and male sperm creates a human being that has similarities and differences from other humans.
   **EACH OVUM AND SPERM PROVIDES ONE REPRODUCTIVE CELL. THEY FORM A NEW CELL. THERE ARE MILLIONS OF WAYS THE CELLS CAN FORM. THAT IS WHAT MAKES US OF EACH UNIQUE. HOWEVER, THERE ARE SOME BASIC CHROMOSOMES THAT MAKE US HUMAN BEINGS, AND SIMILAR.**

7. Define genes:
   **THERE ARE HUNDREDS OF GENES IN EACH CHROMOSOME. THEY MAKE THE TRAITS IN HUMAN BEGINS. THEY ARE BEAD-LIKE STRUCTURES.**

8. How many genes are there?
   **HUNDREDS**

9. Define the following:
   a. sex chromosomes:
      **XX=FEMALE, XY=MALE, THE CHROMOSOMES DETERMINE THE SEX OF A PERSON.**

   b. meiosis:
      **A PROCESS THROUGH WHICH THE SEX CELLS DIVIDE TO PRODUCE TWO NEW CELLS THAT CONTAIN 23 UNPAIRED CHROMOSOMES EACH.**

c. dominant genes:
**THE STRONGER GENE THAT WILL PRODUCE THE CHARACTERISTIC IN THE INDIVIDUAL.**

d. recessive genes:
**WEAKER GENES THAT DO NOT PRODUCE THE CHARACTERISTIC IN THE INDIVIDUAL BUT ARE CARRIED BY THE PERSON.**

e. sex-linked or X-linked defects:
**WHEN AN X GENE FROM THE MOTHER IS FAULTY, THERE IS A 50/50 CHANCE OF THE CHILD INHERITING THE DISORDER.**

f. syndrome:
**A SET OF CHARACTERISTICS THAT IDENTIFY A CERTAIN CONDITION OR DISEASE.**

g. congenital malformation:
**A CONDITION THAT IS PRESENT AT BIRTH.**

h. multifactorial defects:
**INTERACTION OF MANY GENES WITH OTHER GENES OR WITH ENVIRONMENTAL FACTORS.**

i. chromosomal error:
**THE FERTILIZED EGG CELL THAT CONTAINS CHROMOSOMES IN AN ABNORMAL NUMBER, STRUCTURE, OR ARRANGEMENT.**

j. carrier:
**A PERSON THAT CARRIES AND PASSES ON A DISEASE OR CONDITION WITHOUT HAVING IT HIMSELF/HERSELF.**

k. amniocentesis:
**A TEST PERFORMED DURING PREGNANCY. A SMALL AMOUNT OF AMNIOTIC FLUID, WHICH SURROUNDS THE DEVELOPING FETUS, IS DRAWN AND EXAMINED. LOCAL ANESTHETIC IS ADMINISTERED. THE PURPOSE IS TO DETECT CHROMOSOMAL ABNORMALITIES.**

10. What determines which characteristics a child will inherit from the parent?
**GENETIC INFORMATION IS TRANSMITTED BY BOTH PARENTS AT THE MOMENT OF CONCEPTION.**

11. Why is it probable that a brown-eyed mother and a blue-eyed father will have a brown-eyed child?
**BROWN IS A DOMINANT TRAIT.**

12. Which parent determines the sex of the child? Explain how this happens.
**THE FATHER DETERMINES THE SEX OF THE CHILD BECAUSE SOME SPERM ARE X AND SOME ARE Y. THE SEX DEPENDS ON WHICH GENE IS PRESENT AT CONCEPTION.**

13. How are fraternal twins, triplets and other multiple births produced?
**ONE OR MORE FERTILIZED EGGS THAT ARE SPLIT=MONOZYGOTIC. SINGLE CELLS THAT ARE FERTILIZED = DIZYGOTIC.**

14. How are identical twins produced?
**SPLITTING OF THE SAME CELL AFTER CONCEPTION--USUALLY A HEREDITARY TRAIT.**

Name ______________________________ Hour ____________

## HEREDITY WORKSHEET

OBJECTIVES: 1. To explain how traits are inherited 2. To identify inheritance-linked differences 3. To understand some genetic-linked diseases.

1. What is the name of the sex cell in the woman?

2. What is the name of the sex cell in the man?

3. The genetic coding in both males and females is made up of chemical compounds.
   a. What are these called?
   b. How many are there in each body cell?
   c. What do they look like?
   d. What is their purpose?

4. What are genes? How many are there in a human cell? How many are there in a chromosome?

5. Explain how the union of an ovum and sperm creates a human being with unique traits.

6. Sometimes two or more babies develop in the same pregnancy. What is the likelihood of multiple pregnancies in the United States in the following areas:
   a. twin blacks
   b. twin whites
   c. triplets
   d. quadruplets

10. Discuss the terms listed below in relation to their function(s)/purpose, composition/structure, and/or number of each.
    a. Amniocentesis
    b. Body cell
    c. Carrier
    d. Chorion
    e. Chromosomal error
    f. Conception
    g. Congenital malformation
    h. Dizygotic pregnancy/fraternal twins
    i. Dominant gene
    j. Dominant inheritance
    k. Germ/sex cell
    l. Monozygotic pregnancy/identical twins
    m. Multifactoral defects

7. Explain why a brown-eyed mother and a blue-eyed father will probably have a brown-eyed child.

8. Which parents determines the sex of the child? Explain how this happens.

9. Certain women are more likely to have dizygotic children than others. List the four factors that increase these chances.

n. Nucleus

o. Recessive gene

p. Recessive inheritance

q. Sex-linked/X-linked defects

r. Siamese twins

s. Syndrome

# HEREDITY WORKSHEET--KEY

OBJECTIVES: 1. To explain how traits are inherited 2. To identify inheritance-linked differences 3. To understand some genetic-linked diseases.

1. What is the name of the sex cell in the woman?
OVUM

2. What is the name of the sex cell in the man?
SPERM

3. The genetic coding in both males and females is made up of chemical compounds.
a. What are these called?
CHROMOSOMES

b. How many are there in each body cell?
23 PAIR/46

c. What do they look like?
ROD-SHAPED CHEMICALS, ORGANIZED STRINGS OF GENES

d. What is their purpose?
TRANSMIT CHARACTERISTICS FROM PARENTS

4. What are genes? How many are there in a human cell? How many are there in a chromosome?
CARRY INDIVIDUAL/SPECIFIC CHARACTERISTICS AND MAKE UP CHROMOSOMES.
1 MILLION IN CELL/20,000 IN CHROMOSOME

5. Explain how the union of an ovum and sperm creates a human being with unique traits.
EACH GERM CELL DIVIDES AND PAIRS UP DIFFERENTLY, WITH EACH NEW UNION CREATING A NEW BEING WITH COMPLETELY DIFFERENT INFORMATION.

10. Discuss the terms listed below in relation to their function(s)/purpose, composition/structure, and/or number of each.

a. Amniocentesis
A TEST DONE IN PREGNANCY TO CHECK FOR GENETIC ABNORMALITIES. A NEEDLE IS INSERTED INTO THE ABDOMEN TO REMOVE AMNIOTIC FLUID.

b. Body cell
MAKES UP BONES, NERVES, MUSCLES, AND ORGANS; CONTAINS 46 CHROMOSOMES

c. Carrier
PERSON CARRIES THE TRAIT BUT DOES NOT HAVE THE CHARACTERISTIC EXPRESSED IN HIM/HER.

d. Chorion
MEMBRANE THAT SURROUNDS THE BABY IN PREGNANCY

e. Chromosomal error
TOO MANY OR TOO FEW CHROMOSOMES MATCH UP AND CAUSE PROBLEMS: PART MISSING, PAIR BREAK OFF

f. Conception
UNION OF 1 OVUM AND 1 SPERM TO CREATE A CHILD

g. Congenital malformation
DEFECTS PASSED FROM PARENTS THROUGH HEREDITY AND ARE PRESENT AT BIRTH

h. Dizygotic pregnancy/fraternal twins
DEVELOP FROM 2 OVA WITH DIFFERENT GENETIC INFORMATION

i. Dominant gene
STRONG GENE THAT IS EXPRESSED (SHOWS UP) IN INDIVIDUAL

j. Dominant inheritance
AN INFECTED CHILD MUST HAVE ONE PARENT WITH PROBLEM (50-50 CHANCE).

OPTION 4, page 4--GENETICS, HEREDITY, AND BIRTH DEFECTS KEY

6. Sometimes two or more babies develop in the same pregnancy. What is the likelihood of multiple pregnancies in the United States in the following areas:

a. twin blacks--7 IN 73
b. twin whites--1 IN 93
c. triplets--1 IN 10,000
d. quadruplets--1 IN 620,000

7. Explain why a brown-eyed mother and a blue-eyed father will probably have a brown-eyed child.
BECAUSE BROWN IS DOMINANT

8. Which parents determines the sex of the child? Explain how this happens.
FATHER CARRIES BOTH X AND Y CHROMOSOME

9. Certain women are more likely to have dizygotic children than others. List the four factors that increase these chances.
1-INCREASED HORMONES (NATURALLY)
2-HISTORY IN FAMILY
3-AGE 32-36
4-USE OF ARTIFICIAL HORMONE

k. Germ/sex cell
SPERM OR OVA; BASIS FOR GROWTH TO CREATE NEW BEING; 23 CHROMOSOMES.

l. Monozygotic pregnancy/identical twins
DEVELOP FROM 1 OVUM AND CARRY SAME GENETIC BACKGROUND.

m. Multifactoral defects
SEVERAL FACTORS INVOLVED IN CREATING THE PROBLEM.

n. Nucleus
CENTER OF CELL THAT CARRIES DNA–GENETIC BLUEPRINT INFORMATION.

o. Recessive gene
WEAKER GENE THAT REMAINS IN BACKGROUND TO PASS ON TO CHILD.

p. Recessive inheritance
IF BOTH PARENTS CARRY RECESSIVE, THE CHILD COULD INHERIT 1 FROM EACH AND HAVE CHARACTERISTIC EXPRESSED.

q. Sex-linked/X-linked defects
X GENE TRANSMITTED TO CHILD–MOST COMMON FROM MOTHER--IF SON GETS IT, HE HAS PROBLEMS; IF DAUGHTER GETS IT, SHE CARRIES IT.

r. Siamese twins
MONOZYGOTIC PREGNANCY WHERE SEPARATION WAS NOT COMPLETE. CAN SEPARATE IF MAJOR VITAL ORGANS ARE NOT SHARED.

s. Syndrome
A GROUP OF SIGNS OR SYMPTOMS OCCUR TOGETHER AND CHARACTERIZE A PARTICULAR PROBLEM.

# BIRTH DEFECTS DISCUSSION

## THE KING AND THE SCRATCHED DIAMOND

Once there was a king who had a beautiful, large pure diamond. There was no other diamond like it in the world. One day, it became deeply scratched. The king told his best diamond cutters, "I'll promise you a great reward if you can remove the imperfection from my jewel." But they could not. The king was very upset.

Many months later, a man came to the king. He promised to make the diamond even more beautiful than it ever had been. Impressed by the man's confidence, the king consented. He watched as the man engraved an exquisite rosebud around the blemish and used the scratch to make its stem.

--A parable of the Preacher of Dubno from Jewish folklore.

This story can easily be equated to birth defects. Even though a child with a birth defect may not appear to be perfect, he/she still has great abilities and opportunities to apply himself/herself in life. Rather than emphasizing the problem, we must focus on the abilities of the person.

A birth defect is an abnormality that affects the structure or function of the body. Almost everyone is born with some type of imperfection. Most, such as a birthmark, are relatively minor. Some babies are born with more serious problems. These are referred to as birth defects.

There are three basic factors that influence birth defects:

1. Heredity
2. Environment
3. A combination of heredity and the environment

The causes of birth defects differ greatly. Some are inherited from one or both parents. Some are caused by controllable factors in the environment.

Prenatal development occurs very rapidly. In only a few weeks the baby develops all of its body systems needed to survive and live normally. During this time, the fetus is totally dependent on the mother to provide nourishment and food.

Environmental factors include:

1. Diet
2. Diseases or infections of the mother
3. Harmful substances ingested by the mother
4. Exposure to outside hazards such as radiation

## DETECTING BIRTH DEFECTS

There are three very useful tools in detecting birth defects before birth.

1. AMNIOCENTESIS: This is not a routine procedure. A long needle is inserted through the mother's abdominal wall and into the uterus. A small amount of amniotic fluid is removed. The amniotic fluid contains cells from the fetus. These cells are used to examine the chromosomes for possible defects. It takes 3-4 weeks to get the results. This procedure involves risk of infection and the risk of causing the body to abort the fetus and is, therefore, used only when there is a valid medical reason. The most common use is to detect Down's Syndrome.

2. ULTRASOUND: An imaging procedure in which sound waves are bounced off of the fetus to produce a picture. It can show development of the fetus and can detect certain defects involving proper development of organs and of the skeleton. Ultrasound is frequently used to verify the due date of the baby or the presence of multiple fetuses. It is sometimes referred to as a sonogram.

3. CHORIONIC VILLUS BIOPSY: This procedure is done only under extremely serious conditions. It is similar to amniocentesis but can be done earlier in pregnancy with quicker results. The villi are minute pieces of tissue that protrude from the chorion--the membrane containing the amniotic fluid and encasing the fetus. Ultrasound is used to guide a catheter through the vagina and into the uterus. Samples of the villi are snipped or suctioned off for analysis.

If one of these tests indicates that a developing child has problems, the couple can then confer with their doctor in deciding what to do. Due to new technology, some surgical procedures, while the baby is still inside of the uterus, are available in some circumstances.

## BIRTH DEFECTS CHART

| DISEASE | PEOPLE AFFECTED | GENETIC PROBLEM | EFFECTS |
|---|---|---|---|
| HEMOPHILIA | | | |
| SICKLE CELL ANEMIA | | | |
| PKU | | | |
| DOWN'S SYNDROME | | | |
| POLYDACTYL | | | |
| COLOR BLINDNESS | | | |
| COOLEY'S ANEMIA (THALASSEMIA) | | | |
| HUNTINGTON'S DISEASE | | | |
| TAY-SACHS | | | |
| CYSTIC FIBROSIS | | | |

## BIRTH DEFECTS CHART--KEY

| DISEASE | PEOPLE AFFECTED | GENETIC PROBLEM | EFFECTS |
|---|---|---|---|
| HEMOPHILIA | Male | Yes<br>X-Linked | Defect in blood-clotting mechanism |
| SICKLE CELL ANEMIA | Blacks | Yes<br>Recessive | Blood disorder primarily<br>Damage to vital organs |
| PKU | Recessive North European | Yes | Essential liver enzyme. Deficiency cannot metabolize amino acids. May cause brain damage. |
| DOWN'S SYNDROME | Genetic or older female children | Chromosome error, 3%--Older Females, an extra #21 chromosome | Skin fold at corner of eyes, large tongue, small hands, stubby fingers, defects of heart, eyes and ears, mental retardation |
| POLYDACTYL | Dominant | Yes | Extra fingers or toes |
| COLOR BLINDNESS | X-linked males | Yes<br>X-Linked | Cannot distinguish certain colors |
| COOLEY'S ANEMIA (THALASSEMIA) | Italians<br>Greeks | Yes<br>Recessive | Blood disorder<br>Lacks oxygen |
| HUNTINGTON'S DISEASE | Dominant inherited disorder | Yes | Progressive nervous system degeneration |
| TAY-SACHS | Jewish | Yes | Affects function of mucus and sweat glands |
| CYSTIC FIBROSIS | Recessive inherited disorder | Yes<br>Recessive | Loss of ability to smile, laugh, crawl, turnover, grasp. Death usually occurs at age 3-4. Doesn't break down fatty deposits in brain and nerve cells become clogged. |

Name ______________________ Hour __________

## GENETIC DISORDERS

Fill in the chart below to learn more about some of the possible genetic disorders a person may inherit.

| DISEASE/ BIRTH DEFECT | PEOPLE AFFECTED | WHEN APPEARS | METHOD OF INHERITANCE | EFFECT ON PERSON | TREATMENT |
|---|---|---|---|---|---|
| 1. Cleft lip/palet | | | | | |
| 2. Clubfoot | | | | | |
| 3. Color blindness | | | | | |
| 4. Cystic fibrosis | | | | | |
| 5. Diabetes | | | | | |
| 6. Down's Syndrome | | | | | |
| 7. Hemophilia | | | | | |
| 8. Huntington's Disease (Chorea) | | | | | |
| 9. Hydro-cephalus | | | | | |
| 10. Marfan's Syndrome | | | | | |

OPTION 6, page 2–GENETICS, HEREDITY, AND BIRTH DEFECTS STUDENT

| DISEASE/ BIRTH DEFECT | PEOPLE AFFECTED | WHEN APPEARS | METHOD OF INHERITANCE | EFFECT ON PERSON | TREATMENT |
|---|---|---|---|---|---|
| 11. Muscular dystrophy | | | | | |
| 12. Phenyl-ketonuria (PKU) | | | | | |
| 13. Polydactyl | | | | | |
| 14. Sickle Cell Anemia | | | | | |
| 15. Spina Bifida | | | | | |
| 16. Tay-Sachs | | | | | |
| 17. Thalassemia (Cooley's Anemia) | | | | | |

## GENETIC DISORDERS--KEY

Fill in the chart below to learn more about some of the possible genetic disorders a person may inherit.

| DISEASE/ BIRTH DEFECT | PEOPLE AFFECTED | WHEN APPEARS | METHOD OF INHERITANCE | EFFECT ON PERSON | TREATMENT |
|---|---|---|---|---|---|
| 1. Cleft lip/pallet | ANYONE--MORE COMMON IN ASIANS AND NATIVE AMERICANS | BIRTH | MULTI-FACTORAL | TWO SIDES OF LIP AND/OR PALLET NOT JOINED | SURGERY |
| 2. Clubfoot | ANYONE | BIRTH | MULTI-FACTORAL | FOOT AND ANKLE TWISTED, MAKING IT IMPOSSIBLE TO WALK NORMALLY | SURGERY CORRECTIVE SHOES |
| 3. Color blindness | MALES | BIRTH | X-LINKED | INABILITY TO DISTINGUISH CERTAIN COLORS | NONE--JUST HELP ADAPT |
| 4. Cystic fibrosis | ANYONE | BIRTH--SOME IN ADULT-HOOD | RECESSIVE | LACK OF AN ENZYME. MUCOUS OBSTRUCTIONS IN BODY, ESPECIALLY LUNGS AND DIGESTION; GROWTH RETARDATION | RESPIRATORY HELP |
| 5. Diabetes | ANYONE | BIRTH OR LATER | MULTI-FACTORAL | ABNORMAL METABOLISM OF SUGAR BECAUSE BODY DOESN'T PRODUCE ENOUGH INSULIN | INSULIN SHOTS/ORAL DIET |
| 6. Down's Syndrome | MORE COMMON TO YOUNG OR OLD PARENTS, OR IF YOU HAVE ALREADY HAD A DOWN'S BABY | BIRTH | CHROMOSOMAL ERROR | SOME FORM OF MENTAL RETARDATION; OVAL SHAPED EYES; THICK, BIG TONGUE; SHORT NECK; BACK OF HEAD IS FLAT; EARS SMALL; NOSE FLAT AND WIDE; SHORTER, LOOSE JOINTS; HEART PROBLEMS | SURGERY FOR HEART THERAPY; SPECIAL ASSISTANCE HELPS FUNCTION BETTER |
| 7. Hemophilia | MALES | BIRTH | X-LINKED (SOME SPONTANEOUS MUTATIONS | ABSENCE OF CLOTTING FACTOR IN BLOOD (BLEEDER'S DISEASE), CRIPPLING AND DEATH FROM INTERNAL BLEEDING | TRANSFUSIONS; AVOID EMOTIONAL STRESS |
| 8. Huntington's Disease (Chorea) | PARENT MUST HAVE --RARE | MIDDLE AGES | DOMINANT | DETERIORATION OF BODY AND BRAIN IN MIDDLE AGE; DEATH | NONE |
| 9. Hydrocephalus | ANYONE SEVERE SPINA BIFIDA--HIGHER CHANCE | BIRTH | MULTI-FACTORAL | OBSTRUCTION CAUSES WATER ON BRAIN; PRODUCE BRAIN DAMAGE AND DEATH | SURGERY TO PUT IN SHUNT |

| DISEASE/ BIRTH DEFECT | PEOPLE AFFECTED | WHEN APPEARS | METHOD OF INHERITANCE | EFFECT ON PERSON | TREATMENT |
|---|---|---|---|---|---|
| 10. Marfan's Syndrome | PARENT MUST HAVE –RARE PEOPLE WITH LONG, BONY LIMBS | BIRTH | DOMINANT | HEART MALFORMATION, HEARING LOSS, EYE WEAKNESS, IF SEVERE--DEATH | HEART SURGERY, ANTIBIOTICS PHYSICAL THERAPY, REGULAR CHECKUPS |
| 11. Muscular dystrophy | ANYONE (X-LINKED) | SOME CHILD-HOOD OTHERS ADULT HOOD | MULTI-FACTORAL | WEAKENING OF MUSCLES. INABILITY TO WALK, MOVE, WASTING AWAY AND SOME-TIMES DEATH | NONE |
| 12. Phenylketonuria (PKU) | ANYONE | BIRTH | RECESSIVE | ABNORMAL DIGESTION OF PROTEIN; MENTAL RETARDATION, HYPERACTIVITY | PREVENTABLE DIET |
| 13. Polydactyl | PARENT HAS--MORE IN BOYS | BIRTH | DOMINANT | EXTRA FINGERS AND TOES | CORRECTIVE SURGERY |
| 14. Sickle Cell Anemia | PRIMARILY AFFECTS BLACKS | BIRTH | RECESSIVE | ABNORMAL BLOOD CELLS; BOUTS OF PAIN, HEART AND KIDNEY FAILURE, LESS OXYGEN TO ALL PARTS OF THE BODY. DEATH IN CHILDHOOD. DAMAGE TO ADULT VITAL ORGANS | TRANSFUSIONS |
| 15. Spina Bifida | ANYONE | BIRTH | MULTI-FACTORAL | VARYING DEGREES--FROM SLIGHT CYST TO OPEN SPINE (SORES, INFERTILE, LEGS PARALYZED, POOR BLADDER AND BOWEL CONTROL) | SURGERY FOR SEVERE, PHYSICAL THERAPY |
| 16. Tay-Sachs | JEWS (ETHNIC, NOT RELIGION) | 6 MONTHS DIES BY AGE 3 | RECESSIVE | ENZYME DISEASE CAUSING INABILITY TO BREAK DOWN FATTY DEPOSITS IN BRAIN AND NERVE CELLS; CELLS CLOG AND SHUT DOWN NERVOUS SYSTEM; APPARENTLY HEALTHY AT BIRTH, DIES BY AGE 3 | NO CURE |
| 17. Thalassemia (Cooley's Anemia) | GREEK AND ITALIAN | BIRTH | RECESSIVE | ABNORMAL BLOOD CELLS; PALENESS AND LISTLESSNESS, LOW RESISTANCE TO INFECTION; DO NOT PRODUCE ENOUGH RED BLOOD CELLS; LIVER AND SPLEEN ENLARGED | BLOOD TRANSFUSION SURGERY LATER ON SPLEEN |

NAME ______________________________ HOUR ____________

## HEREDITY OR ENVIRONMENT?

There are many factors that influence the development of a child. In the blanks below, place an "H" if the factor is influenced by heredity, an "E" if the factor is influenced by the environment, and "B" if the factor is influenced by both the environment and heredity.

_____ 1. Color of hair

_____ 2. Color of eyes

_____ 3. Color of skin

_____ 4. General health of the baby

_____ 5. Personality traits of the child

_____ 6. Strength of eyesight

_____ 7. Physical strength

_____ 8. Relationships with family

_____ 9. Relationships with friends

_____ 10. Level of education

_____ 11. Sex

_____ 12. Body type

_____ 13. Weight

_____ 14. Religious involvement

_____ 15. IQ

_____ 16. Height

_____ 17. Blood type

_____ 18. Defects passed on from parents

Read the following case study and list the various influences in the spaces provided.

Sammy has brown eyes and is five-years-old. She attends a neighborhood preschool every day. Her teachers have fallen in love with her witty personality and honey-colored hair. She is very intelligent and does well with the tasks assigned her. Sammy's parents are divorced and she misses her father very much. Sammy has juvenile arthritis and must see the doctor often. At her last doctor's visit, the doctor reminded Sammy's mom that diabetes has run in her family for several generations and that Sammy should be watched closely for any early symptoms of diabetes. Sammy's growth chart shows that she will probably be small for her age.

Hereditary influences: ______________________________

______________________________

______________________________

______________________________

______________________________

Environmental influences: ______________________________

______________________________

______________________________

______________________________

______________________________

NAME ______________________________ HOUR ______________

## HEREDITY OR ENVIRONMENT?

There are many factors that influence the development of a child. In the blanks below, place an "H" if the factor is influenced by heredity, an "E" if the factor is influenced by the environment, and "B" if the factor is influenced by both the environment and heredity.

H 1. Color of hair
H 2. Color of eyes
H 3. Color of skin
B 4. General health of the baby
B 5. Personality traits of the child
H 6. Strength of eyesight
B 7. Physical strength
E 8. Relationships with family
E 9. Relationships with friends
E 10. Level of education
H 11. Sex
H 12. Body type
B 13. Weight
E 14. Religious involvement
B 15. IQ
H 16. Height
H 17. Blood type
H 18. Defects passed on from parents

Read the following case study and list the various influences in the spaces provided.

Sammy has brown eyes and is five-years-old. She attends a neighborhood preschool every day. Her teachers have fallen in love with her witty personality and honey-colored hair. She is very intelligent and does well with the tasks assigned her. Sammy's parents are divorced and she misses her father very much. Sammy has juvenile arthritis and must see the doctor often. At her last doctor's visit, the doctor reminded Sammy's mom that diabetes has run in her family for several generations and that Sammy should be watched closely for any early symptoms of diabetes. Sammy's growth chart shows that she will probably be small for her age.

Hereditary influences:

**BROWN EYES, HONEY-COLORED HAIR, JUVENILE ARTHRITIS,**

**DIABETES, SMALL FOR AGE.**

Environmental influences:

**WITTY PERSONALITY, COMPLETES TASKS, TEACHERS LIKE HER.**

# COMPLICATIONS OF PREGNANCY

## EFFECTS OF DRINKING ALCOHOL

Alcohol passes through the placenta quickly, so a fetus is affected by a drink almost as quickly as the woman. Alcohol can damage unborn babies severely; even infrequent drinking can have devastating effects on the developing infant. Fetal Alcohol Syndrome, identified in 1976, is one effect of maternal drinking. The effects of Fetal Alcohol Syndrome include:

1. Growth deficiencies before birth.
2. Facial irregularities (narrow eyes and short upturned noses), small heads and hearts, joint and limb defects.
3. Mental retardation.
4. Jittery and poorly coordinated.
5. Short attention spans and mental problems.
6. Behavioral problems.

## EFFECTS OF DRUGS

Any drug that a woman takes passes through the placenta into the bloodstream of the fetus. Even drugs that have been prescribed by a doctor could be harmful to a developing baby. No medication or drugs of any kind should be taken without physician approval. They can cause malformations, convulsions, tremors, breathing difficulties, incomplete growth, retardation, spine and bone deformities, and chromosome damage. Babies must experience the effects of withdrawal shortly after birth.

## Rh FACTOR

Rh factor is only a problem among mothers who have Rh negative blood. If the baby she is carrying has Rh positive blood, then the mother's body will develop antibodies that destroy the red blood cells of the baby. This becomes a problem with the second baby the mother gives birth to because the mother's body does not develop many antibodies in the first pregnancy. When a physician treats a mother who is Rh-, he/she will give her a shot to neutralize any Rh+ blood cells that may have passed into the mother's bloodstream to prevent the antibodies from being formed. After the birth of each positive baby, the shot, Roghamm, must be given.

# BIRTH DEFECTS

1. Over 35 years of age
2. Overweight
3. Underweight
4. Jewish decent
5. African American
6. Smoker
7. Drinks alcohol
8. Has personal habits that are different from most people
9. Uses prescription drugs
10. Has used street drugs
11. Takes vitamins
12. Drinks caffeine
13. Has had exposure to chemicals
14. Lives in a home built before 1955
15. Constant exposure to cats
16. Has had X-rays during pregnancy
17. Ailments that run in families:
    - high blood pressure
    - diabetes
    - hemophilia
    - sickle cell anemia
    - thalassemia
    - birth defects
    - mental retardation
    - cystic fibrosis
18. Health problems:
    - genital herpes
    - gonorrhea
    - syphilis
    - epilepsy
    - diabetes
    - high blood pressure
    - heart disease
    - anemia
19. No immunizations against rubella
20. Rh factor
21. Miscarriage
22. DES to stop pregnancy
23. Last birth was less than 12 months ago
24. Has had a baby that weighed less than 5 1/2 pounds
25. Has had three or more miscarriages
26. Has had more than five pregnancies
27. Has had a stillborn baby

**UNIT:** Prenatal Development

**LESSON:** Pregnancy
**TIME:** 2 days

**COMPETENCIES:**

1. Identify symptoms of pregnancy. (Options 3, 5, and 12)
2. Identify recommended prenatal care for mother and infant. (Options 3, 4, 5, 6, and 12)
3. Discuss common complications of pregnancy. (Options 5 and 12)
4. Itemize the problems and potential complications specifically related to teen pregnancy. (Options 5, 7, and 8)
5. Analyze the role of the father and/or other support persons during pregnancy. (Options 2, 7, 11, and 12)
6. Identify community resources available for assistance during pregnancy. (Options 5, 7, 9, 10, and 12)

**OVERVIEW/SUMMARY:** From the day you were born, you began preparing yourself to become a parent. Preparation for parenthood does not begin when a couple decides to have a baby. It is a lifelong process that involves good eating habits and physical health that will someday influence your children.

**MOTIVATOR:**
GESTATION PUZZLE: See "Gestation" teacher information.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: What's Inside? Baby

OPTION 2--Competency 2
FAVORITE ACTIVITIES: Have the students list ten of their favorite activities. Discuss with them how their participation in these activities would change if they had a baby. Continue the discussion to include ways that parenthood alters a couple's lifestyle.

OPTION 3--Competencies 1 and 2
DISCUSSION: Discuss the symptoms and signs of pregnancy using the teacher information.

OPTION 4--Competency 2
VIDEO: View "Journey to Birth" (March of Dimes) and then discuss with the class the importance of good health habits and their effect on the baby. "Inside My Mom," March of Dimes, "Mama, I Want to Be Healthy," and "Make Healthy Choices for Your Baby," Childbirth Graphics could also be used.

OPTION 5--Competencies 1-4 and 6
GUEST SPEAKER: Invite a physician, midwife, obstetrician, or nurse to talk to the class. They could discuss the signs of pregnancy and prenatal care, complications of pregnancy, and problems associated with teen pregnancy. Please be specific in telling them what you want them to talk about in class.

OPTION 6--Competency 2
NUTRITION: Discuss the food pyramid chart and the recommended servings from each group for a pregnant woman. Have the students plan a one-day menu utilizing proper servings from the food pyramid for a pregnant woman.

OPTION 7-- Competencies 4, 5, and 6
COMPLICATIONS OF PREGNANCY: Define the terms from the transparency, "Complications of Pregnancy." Discuss the information under teacher information with the class.

OPTION 8--Competency 4
TEEN PREGNANCIES: Divide the class into small groups. Give each group a poster board and marker and have them list the problems that could be caused by a teen pregnancy. As a class, discuss the problems and potential complications specifically related to teen pregnancy. Be sure to include the information listed under teacher information. "Rock-A-Bye" and "Clear Vision" videos from March of Dimes could be shown.

OPTION 9--Competency 6
COMMUNITY RESOURCES: As a class, list the resources available in your community for assistance during pregnancy.

OPTION 10--Competency 6
GUEST SPEAKER: Invite March of Dimes, Planned Parenthood, YMCA, Birth Right, Children's Aid Society, LDS Social Services, or any other community resource agency to come to class and explain the services they provide for pregnant adolescents.

OPTION 11--Competency 5
SUPPORT: As a class, discuss the importance of the role of the father or other support persons during pregnancy.

OPTION 12--Competencies 1, 2, 3, 5, and 6
VIDEO: "Take Charge of Your Pregnancy"--March of Dimes. May be used as a review before testing.

OPTION 13--Competencies will vary according to the articles read by the students.
ARTICLES: Have students read articles that deal with nutrition during pregnancy. They should then summarize the article in a one-page essay.

## RESOURCES:

March of Dimes chart of fetal development.

I'm sure everyone in this classroom knows how long a woman is pregnant before a baby is born. This period of time is called gestation. However, let's see how much you know about the gestation periods of various animals. (Select the animals you want to use for this activity and list them on the board.) On a piece of paper, list the numbers of each of these animals and how long you think their gestation period is. The person with the most correct answers gets a candy pacifier.

| ANIMAL | GESTATION PERIOD |
|---|---|
| Antelope | 9 months |
| Bear | 6-8 months |
| Beaver | 3 months |
| Bobcat | 65 days |
| Cats | 9 weeks |
| Cattle | 9 months |
| Deer | 7 months |
| Dogs | 9 weeks |
| Dolphin | 10-12 months |
| Donkey | 12 months |
| Elephant | 18-23 months |
| Fox | 49-55 days |
| Giraffe | 15-16 months |
| Goat | 151 days |
| Hippopotamus | 7 1/2 months |
| Hogs | 114 days |
| Horse | 11 months |
| Kangaroo | 30-40 days |
| Lion | 108 days |
| Monkey | 4 1/2-8 months |
| Mouse | 18-21 days |
| Rabbit | 26-30 days |
| Rat | 22 days |
| Seal | 8-12 months |
| Sheep | 5 months |
| Whales | 10-12 months |
| Zebra | 11-12 months |

# SIGNS OF PREGNANCY

A missed menstrual period is the most common first sign of pregnancy. If a woman has had unprotected intercourse, and if she has missed her period by more than 14 days she is most likely pregnant. However, before a period is missed, the baby is the size of a thumbnail and has a beating heart. It is too late to prepare for pregnancy. NOTE: Because stress can cause a person to miss a period, do not assume you are pregnant if you miss a period. The sure way to find out is to take a pregnancy test at home or at your physician's office.

Some changes in the mother's body include fuller and more tender breasts, nausea or morning sickness, fatigue, and sensitivity to particular foods or odors.

Since the physical signs of pregnancy may not be accurate, a pregnancy test is used to verify the pregnancy. This test can be done at the doctor's office, or a pregnancy test can be purchased at the pharmacy and done by the woman herself. The test is done using a urine sample and is considered to be extremely accurate.

Staying in good health is the most important responsibility of a pregnant woman. The way that she takes care of herself during this time will have a great effect on her child's life and health as well as her own. As soon as she knows or suspects that she is pregnant, she should visit a physician and begin receiving care. Getting plenty of rest, eating nutritious foods, and avoiding drugs, alcohol, and tobacco will aid the baby in developing normally and being born healthy. The health of the mother 2-3 years prior to the pregnancy will greatly affect the health of the baby.

# COMPLICATIONS OF PREGNANCY

## SPONTANEOUS ABORTION/MISCARRIAGE

Five out of every 100 babies are born with some genetic defect. Nature itself takes care of the worst genetic mistakes. Many pregnancies end, usually because of genetic defects, before the mother even realizes she is pregnant. Approximately one in four of all conceptions fail to reach the point at which a baby can survive. The natural expelling of the embryo or fetus before it has reached the point at which it can survive outside of the mother's body is referred to as a miscarriage. Miscarriage usually occurs before the sixth month of pregnancy and most frequently during the first three months. In many instances, it occurs before the pregnancy has even been recognized by the woman.

In a medical sense, physicians refer to a miscarriage as a spontaneous abortion. It differs from an induced abortion, which is purposefully performed on a woman to end a pregnancy.

About three out of four spontaneous abortions occur as nature tries to get rid of an imperfect embryo due to a chromosomal abnormality. For this reason, a couple who have had one miscarriage should not be discouraged from attempting pregnancy again. Miscarriage is a common occurrence.

## PREMATURE DELIVERY

A premature delivery is one that takes place before prenatal development is complete. It can be caused by a birth defect. "Premature" refers to being born two to three months early. Some premature babies also have a low birth weight (less than 5 1/2 pounds). Premature babies might have a variety of health problems such as infection and lung ailments. These babies require special care.

## STILLBIRTH

A stillbirth refers to a fetus that has appeared to develop normally but for some reason is born dead, usually during the third trimester. In some instances, the physician is able to diagnose the reason for the stillbirth; in other instances, the actual problem is never diagnosed.

## EFFECTS OF SMOKING

When a pregnant woman smokes tobacco, nicotine and carbon monoxide enter her bloodstream. These chemicals then enter the baby's bloodstream. Smoking robs oxygen from the fetus, causing the fetal heartbeat to speed up.

Women who smoke during pregnancy are more likely to have miscarriages, to deliver prematurely, and to have a low-birth-weight baby. Low-birth-weight babies are more likely to develop health problems and more likely to die in early infancy than babies of normal weight.

Babies of smoking parents are more likely to develop respiratory infections during the first year of life. Circulation problems and heart problems as adults are often experienced by children whose mothers smoked during pregnancy. This is caused by damaged blood vessels.

**TOXEMIA/PREGNANCY-INDUCED HYPERTENSION (PIH)**
Toxemia is a condition that affects the woman's kidneys, heart, or blood circulation. It may include swollen hands, face, or feet and a rapid weight gain of about 3 pounds per week. Severe headaches, blurred vision, convulsions, coma, or even death may also be symptoms. Six to 8 percent of pregnant women suffer with this condition (one in 1,500). This is a dangerous condition for both the mother and the fetus and generally occurs in the last trimester of pregnancy.

**GESTATIONAL DIABETES**
Diabetes caused by pregnancy. After the baby is delivered, the mother's body will return to normal.

**THROMBOPHLEBITIS**
This condition refers to blood clots in the legs due to the increased clotting ability of the blood during pregnancy.

**VERICOSE VEINS**
This condition refers to swollen, sore veins in the legs.

**PLACENTA PREVIA**
This condition is due to the placenta being low in the uterus. This can cause complications at birth because the placenta blocks the birth of the baby. This occurs in one out of 200 pregnancies. In the case of placenta previa, the placenta must separate from the uterine wall before the birth of the baby. This leaves the baby without oxygen as it descends through the birth canal and until the baby can breathe on his/her own.

# COMPLICATIONS OF PREGNANCY

MISCARRIAGE/SPONTANEOUS ABORTION : The delivery of a fetus before it has developed to the point where it can survive outside of a woman's uterus.

STILLBIRTH: A baby who is born dead during the third trimester.

INDUCED ABORTION: The purposeful removal of a fetus from the uterus.

TOXEMIA: A condition that includes high blood pressure, swelling, rapid weight gain, headaches, blurred vision, convulsions, and comas or even death.

Rh FACTOR: A disorder that occurs when Rh positive blood cells of a fetus enter the Rh negative bloodstream of the mother.

# TEEN PREGNANCY

PHYSICAL: The younger the mother is the greater the risk of physical hazards of pregnancy. An adolescent mother's body is not yet mature and is trying to finish its own growth and at the same time support the physical demands of the growing baby. This may wear down the body's resistance to disease. The death rate for the baby during or immediately after pregnancy is twice as high among adolescent mothers than among those between 20 and 24 years of age. The most hazardous risk to the baby is low birth weight (less than 5.5 pounds). These infants frequently have breathing problems and get sick more easily than larger, full-term babies. They have a greater risk of being crippled, retarded, blind, diabetic, and deaf or of having other birth disorders.

Because of all of these reasons, pregnant teenagers especially need good prenatal care. Unfortunately, half of all teenagers neglect to receive medical care during the first four months of pregnancy.

The young mother herself is more likely to suffer from complications of pregnancy. The birth process is very physically demanding and an adolescent mother's body is not prepared to meet those demands.

FINANCIAL: Adolescent parents have not yet completed their education and are not ready to financially support a baby, a home, and a spouse. The future careers of the parents are often jeopardized because of the responsibilities now brought on by a baby.

EMOTIONAL: The emotional demands of an infant on its parents are incredible. Adolescents are still growing and maturing emotionally and need time to develop themselves before adding the emotional demands of a family. During pregnancy, hormonal swings and mood changes experienced by the mother cause emotional turbulence. The mother's changing body also causes emotional stress. Parents who have matured emotionally are more capable of dealing with these changes. Having a baby who is dependent on them 24 hours a day is difficult because as adolescents they are still searching for their own independence.

SOCIAL: A teen's life drastically changes after becoming a parent. Most friends do not want to drag a baby along to activities. The fun, carefree activities, games, movies, and dances will become a thing of the past.

EDUCATIONAL: Most teen parents have very limited access to future educational opportunities. College is expensive and child care becomes a problem. Most teen parents will not finish high school. Life is rough in an entry-level job, but without an education, there's little hope of a high-paying career.

HEALTH RISKS TO A TEENAGE MOTHER:

1. A teenage mother is more at risk of pregnancy complications such as premature or prolonged labor and dangerous blood conditions such as anemia and toxemia.
2. The death rate from pregnancy complications is higher among girls who give birth under age 15 than among older mothers.
3. Three million teens are affected by sexually transmitted diseases annually. These include chlamydia (causes sterility), syphilis (can cause blindness, death, and death to the infant), and AIDS, which is fatal to the mother and can infect the infant.

HEALTH RISKS TO THE BABY:

1. Nine percent of teenage girls have low-birth-weight babies (under 5.5 pounds), compared to 7 percent of all mothers nationally.
2. Low-birth-weight babies may have organs that are not fully developed. This can cause lung problems, such as respiratory distress syndrome, or bleeding in the brain.
3. Low-birth-weight babies are 40 times more likely to die in their first month of life than normal-weight babies.

Name ______________________ Hour ____________

# MENU FOR PREGNANCY

| WEEKDAY | BREAKFAST | LUNCH | DINNER | SNACKS |
|---|---|---|---|---|
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | | | | |

**UNIT:** Prenatal Development **LESSON:** Stages of Prenatal Development
**TIME:** 1 day

**COMPETENCIES:**

1. Identify and describe the stages of prenatal development: zygote/ovum, embryo, and fetus. (Options 2 and 3)
2. Discuss various types of development that occur during the three trimesters of pregnancy. (Options 4 and 5)

**OVERVIEW/SUMMARY:** Prenatal development refers to the growth of the baby from the time of conception until birth. The growth that occurs during this time is more rapid and miraculous than the growth and changing that the individual will experience at any other time of life. The body will develop from one cell, smaller than the period on a page, to an infant weighing approximately 7 1/2 pounds and containing about 200 billion cells. All this occurs in a nine-month time period.

**INTRODUCTION:**

Have the students place the following periods of prenatal development in the correct order:

EMBRYONIC, FETAL, OVUM/ZYGOTE

(The correct order is Ovum/Zygote, Empryonic, Fetal.)

Explain that prenatal growth is amazingly rapid. If such a rate of growth continued after birth, a baby would weight 160 pounds on his/her first birthday!

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK--What's Inside My Body?

OPTION 2--Competency 1
STAGES OF PRENATAL DEVELOPMENT: Present information concerning the three stages of prenatal development.

OPTION 3--Competency 1
MONTHLY DEVELOPMENT: Using a month-by-month fetal development handout (available by many companies), discuss the development of a fetus. NOTE TO TEACHER: Use the chalkboard or have the students draw the lengths of the developing fetus on a sheet of paper to help them visualize the growth that takes place.

OPTION 4--Competency 2
A MONTH AT A TIME: Divide the class into nine groups. Each group will research information on an assigned month of pregnancy. They will then present their information to the class. (Make sure the students report on the development of the baby, not the changes in the mother's body!)

OPTION 5--Competency 2
MONTHLY DEVELOPMENT: Have students complete the "A Month at a Time" worksheet.

---

**RESOURCES:**

August 1990, "Life Magazine"--pictures of zygote and ovum.

"Parents" magagine, 1981--good pictures.

Life Before Birth--Time Life Magazine

"As They Grow" magazine from Gerber
Bristol-Meyer Squibb Company
Att. Tammy Fisher (P-30)
2400 W. Lloyd Expressway
Evansville, Indiana 47721
PHONE: 812-429-8438

"Understanding Human Reproduction, Part II"
Sunburt Communications, #2098-SH, $145.00
Part 1, 19 minutes
Part 2, 20 minutes
39 Washington
P.O. Box 40
Pleasantville, NY 10570-0071

Graphics from Child Birth Forum
P.O. 43257
Cincinnati, Ohio 45243
1-800-289-2794

March of Dimes

# STAGES OF PRENATAL DEVELOPMENT

During this presentation, refer to the transparency "TIMELINE OF PRENATAL DEVELOPMENT."

The duration of pregnancy is divided into three equal segments called trimesters. The first trimester (months 1-3) is essential to the proper development of the infant and encompasses both the ovum and embryonic period of prenatal development. This is when all organs, nerve cells, and brain cells develop. This is when most spontaneous abortions (miscarriages) occur. They generally are caused by abnormal development of the fetus and are nature's way of eliminating a chromosomal abnormality. It is vital that all necessary nutrients be available to the fetus in order to develop properly.

The second trimester (months 4-6) is often referred to as the "golden trimester." This is when the mother generally feels the best. Morning sickness and nausea have generally disappeared, and the mother is quite comfortable.

The third trimester comprises months 7-9. These are important months for the baby as its organs and body systems mature and prepare to function on their own. The fat accumulated during this time will give the baby a "head start" on life.

The prenatal development is sometimes separated into three developmental periods. The first period is referred to as the period of the zygote. This stage begins at conception and lasts until the zygote is implanted in the mother's uterus. It lasts for about 10-14 days. The zygote grows to be about the size of a pinhead. Roots grow from the zygote into the wall of the uterus where they can receive nutrients from the mother's blood.

The period of the embryo lasts from about 2 weeks to 8 weeks after conception. The embryo is attached to the mother by the umbilical cord (20 inches long), which reaches from the embryo's stomach to the wall of the uterus. The umbilical cord contains arteries that carry the embryo's waste products away from the embryo to the mother's blood system to be purified. It also brings oxygenated and nutrient-rich blood back to the embryo to keep it alive. The umbilical cord is connected to the placenta. The placenta is an organ that serves as a medium for the exchange of nutrients and waste products between the mother and the fetus. Throughout this period, the embryo is inside the amniotic sac (a bag filled with a watery substance called amniotic fluid). The fluid will protect the developing baby against bumps, bruises, and temperature changes. During this period, all of the organs that will be present at birth are formed.

The third developmental period is called the period of the fetus. This period extends from the end of the second month of pregnancy until birth. During this stage, the developing baby is referred to as a fetus. The body parts, organs, and systems that were formed during the embryo period will become much more developed and begin to function. The fetus will begin to resemble a human being, and features will increase in clarity.

During the fetal period the baby may increase in length by as much as 12 inches.

# TIME LINE OF PRENATAL DEVELOPMENT

| WEEKS | | |
|---|---|---|
| 2 | OVUM/ZYGOTE PERIOD | Morula<br>Blastocyst |
| 8 | EMBRYONIC PERIOD | Primitive heart develops and begins to beat (18-22nd day)<br>Every feature and vital organ is started<br>Embryo is about 1-2 inches long, 2-3 grams<br>No eye lids--eyes are open |
| 12 | | Fetus can move arms and legs and swallow<br>Bone cells begin to replace cartilage<br>Eyes shut<br>External sex organs begin to show differences<br>3 inches long and weighs 3/4-1 ounce |
| 16 | | Mother will feel first movements<br>Fetus becoming larger and stronger<br>One half expected birth length (6-8 inches)<br>Weighs about 6 ounces<br>First thin transparent layer of skin begins to replace the temporary protective membrane |
| 20 | FETAL PERIOD | Internal organs are well developed<br>12 inches long and about 1 pound in weight<br>Active and energetic<br>Basic reflexes established<br>Can hear heart beat |
| 24 | | Fine hair begins to grow on head<br>Nails appear<br>May suck thumb<br>1 1/2 pounds, 13-14 inches long |
| 28 | | Viability attained. If born now, there is a good chance of living<br>14-15 inches long, 2 1/4 pounds<br>Eye lids open and close |
| | | In the last three months, the fetus gains 5-6 additional pounds and 3-5 inches in length<br>Movement is good, muscular tone is sustained<br>The fetus responds to light and sound<br>Accumulates essential immunities to disease<br>Lungs are mature<br>Strength and coordination improve |

Prenatal growth is amazingly rapid. If such a rate of growth continued after birth, a baby would weigh 160 pounds on his/her first birthday!

# MONTHLY DEVELOPMENT

Month 2--The embryo increases in length to about 1 1/2 inches. Bones and muscles begin to form. The head grows rapidly at first, accounting for about half of the embryo's size. The face and neck begin to take on human form. The brain develops very rapidly. Leg and arm buds form and grow; the eyes begin converging toward the center of the face. The mouth and nose form. Major organs of the digestive system become differentiated. The heart has been beating for about a month now.

Month 3--The fetus measures about 3 inches from head to buttocks and weighs about 1/2 ounce. The fetus has all of its major systems, and they are functioning. However, it is still unable to survive independently. No new organs will need to be formed, but the ones that are present will need time to develop and mature. The digestive system is active. The liver and kidneys are functioning. The fetus practices swallowing and breathing amniotic fluid. Its vocal chords are developing. The roof of its mouth comes together and fuses. Taste buds appear, sex organs continue to develop, buds for all temporary teeth are formed, and bone formation begins. During this month, arms, legs, and fingers begin to make spontaneous movement. The eyelids close and are sealed shut at this time. They will reopen at about six months.

Month 4--The fetus grows to almost 6 inches in length and 4 ounces in weight. The skin is thin, loose, and wrinkled and appears red because of underlying blood vessels. The face acquires a human appearance. The body outgrows the head at this time. Hands and feet become well formed and finger closure is possible. The fetal reflexes become more brisk as it begins to stir and move the arms and legs. In males, the testes are in position for later descent into the scrotum, and in females, the uterus and vagina are recognizable.

Month 5--The fetus is now about 12 inches long and weighs about 8 ounces. During this month, the mother will probably feel the baby's movement, called quickening. The baby is suspended in a quart of amniotic fluid. The development seems so advanced that the baby could survive outside of the mother, but this is impossible because the lungs, skin, and digestive organs are not prepared to exist on their own. Also, there is no provision for regulating body temperature. The fetus grows a fine dark body hair called lanugo and collects vernix, which is a waxy coating to cover and protect the skin. The nose and ears begin ossification, the skeleton hardens, and the heartbeat can now be heard. Fingernails and toenails begin to appear, and the baby will wake and sleep. Sweat glands are formed and functioning.

Month 6--The fetus increases in weight and is now between 1 1/2-2 pounds. The eyelids, which have been fused shut, are now open and completely formed. The eyes look up, down, and sideways. Eyebrows and eyelashes are well defined, and taste buds appear on the tongue and in the mouth.

Month 7--The fetus is now about 15 inches long and weighs between 2 1/2-3 pounds. It can cry weakly and can suck its thumb. The fetus can make a variety of reflex movements: startle, grasp, and swim movements. The cerebral hemispheres cover almost the entire brain.

Month 8--The fetus will gain 2-3 pounds during this month, which it will need to stay warm following birth. The fingernails reach beyond the fingertips and much of the lanugo is shed. By the end of this month, the fetus will most likely settle into the head down position. However, the baby is capable of changing positions.

Month 9--The fetus reaches full growth. It measures 14-15 inches from head to buttocks and weighs 6-8 pounds. During this last month, the baby acquires antibodies from its mother that will give it temporary immunity against some diseases. The eyes are normally blue at birth because pigmentation is not normally formed until after a few weeks of exposure to light. Vernix is present over the entire body. The fetus will alternate between periods of activity and periods of quiet. The organs increase their activity; the fetal heart rate increases to a rapid rate. Birth usually occurs approximately 280 days after the first day of the mother's last menstrual period.

Name ______________________ Hour ______________

## UNDERSTANDING HUMAN REPRODUCTION--PART II

1. Pregnancy takes about ____________.
2. Pregnancy is divided into three ________________ .
3. ________________ takes place about six days after ______________.
4. ________________ takes place in the __________________ .
5. It is normal to deliver ________ before or ________ after the due date.
6. The doctor will check the following during each exam.
   a. ______________________________
   b. ______________________________
   c. ______________________________
   d. ______________________________
   e. ______________________________
   f. ______________________________
7. ________________ or internal exam is done on the first exam and during the last month.
8. Draw a diagram of the contents of the uterus during pregnancy. Include the amniotic sac, fetus, placenta, and umbilical cord.

9. The ________ nutritional needs are met before the ____________, so the ____________ may end up with some deficiencies.
10. Explain "ultrasound."

11. Explain amniocentesis.

12. List some of the skills used in Lamaze or prepared childbirth.

# UNDERSTANDING HUMAN REPRODUCTION--PART II--KEY

1. Pregnancy takes about 266 days.
2. Pregnancy is divided into three trimesters.
3. Implantation takes place about six days after fertilization.
4. Fertilization/conception takes place in the fallopian tube.
5. It is normal to deliver 2 weeks before or 2 weeks after the due date.
6. The doctor will check the following during each exam:
   a. blood (iron)
   b. urine (proteins, sugar)
   c. blood pressure
   d. weight gain
   e. swelling or retention of fluids
   f. abdomen size from naval to pubic bone
7. Pelvic or internal exam is done on the first exam and during the last month.
8. Draw a diagram of the contents of the uterus during pregnancy. Include the amniotic sac, fetus, placenta, and umbilical cord.
9. The baby's nutritional needs are met before the mother's, so the mother may end up with some deficiencies.
10. Explain "ultrasound."
    A scan to produce a picture of the fetus. It is made with sound waves. It identifies development and position of the fetus.
11. Explain Anmiocentesis.
    Withdrawing a small amount of amniotic fluid to test for abnormalities.
12. List some of the skills used in Lamaze or prepared childbirth.
    Relaxation Exercise Anesthesia
    Breathing Concentration Massage
    The couple working together Stages of labor

Name ______________________________ Hour ____________________

# UNDERSTANDING HUMAN REPRODUCTION--PART II

1. How many days between conception and birth?

2. What is a trimester?

3. Identify three signs of pregnancy

    A.

    B.

    C.

4. What is the purpose of the amniotic sac?

5. What is the purpose of the umbilical cord?

6. What is the purpose of the placenta?

7. What substances used by the mother may be harmful to the baby?

8. At the end of the second month, the baby changes from an embryo to a

    _____________ ?

9. What is amniocentesis?

# UNDERSTANDING HUMAN REPRODUCTION--PART II--KEY

1. How many days between conception and birth? **(266)**

2. What is a trimester? **(3 months)**

3. Identify three signs of pregnancy
   **ANY APPROPRIATE ANSWER**

4. What is the purpose of the amniotic sac?
   **IT PROVIDES PROTECTION FOR THE BABY**

5. What is the purpoes of the umbilical cord?
   **IT PROVIDES THE BABY WITH FOOD AND OXYGEN AND REMOVES WASTE PRODUCTS**

6. What is the purpose of the placenta?
   **IT SHIELDS THE BABY FROM INFECTION AND TOXINS**

7. What substances used by the mother may be harmful to the baby?
   **SMOKING, ALCOHOL, DRUGS, CAFFEINE**

8. At the end of the second month, the baby changes from an embryo to a
   ________________? **FETUS**

9. What is amniocentesis?
   **WHEN AMNIOTIC FLUID IS REMOVED FROM THE MOTHER TO CHECK FOR GENETIC DISORDERS**

# MIRACLE OF LIFE

| Minutes | |
|---|---|
| 0-7 | Timed from "Warning" sign<br>Beginning of life forms<br>protozoa<br>cells--basic units of life (good place to start)<br>cell division<br>reproduction<br>DNA<br>chromosomes<br>genes |
| 7-15 | Human reproduction--female<br>ovaries<br>ovulation<br>fallopian tube<br>(fast forward through male/female ballet discussion on mating) |
| 15-30 | Human reproduction--male<br>urethra<br>prostate<br>testicles--influences on environmental condition |
| 30-33 | Ejaculation and travel (fast forward) |
| 34-47 | Sperm travel and fertilization (fast forward parts) |
| 47-48 | Cell division |
| 48-51 | Zygote stage--germinal |
| 51-52 | Embryonic stage |
| 52-53 | Fetal stage |
| 55-57 | Delivery of baby |

Name ______________________________ Hour ____________

## A MONTH AT A TIME

Complete the chart below. Remember that every fetus has its own growth pattern, but this chart shows the general development of the average fetus. The same is true for the effects the pregnancy will have on the mother.

| | FETAL DEVELOPMENT | EFFECTS ON MOTHER |
|---|---|---|
| FIRST MONTH | | |
| SECOND MONTH | | |
| THIRD MONTH | | |
| FOURTH MONTH | | |
| FIFTH MONTH | | |

| | | |
|---|---|---|
| SIXTH MONTH | | |
| SEVENTH MONTH | | |
| EIGHTH MONTH | | |
| NINTH MONTH | | |

# A MONTH AT A TIME

Complete the chart below. Remember that every fetus has its own growth pattern, but this chart shows the general development of the average fetus. The same is true for the effects the pregnancy will have on the mother.

| | FETAL DEVELOPMENT | EFFECTS ON MOTHER |
|---|---|---|
| FIRST MONTH | Cell multiplication begins.<br>Egg attaches to the uterus lining.<br>Fetal internal organs and circulatory system begin to form.<br>Heart begins to beat.<br>Small bumps show the beginnings of arms and legs. | Missed menstrual period. |
| SECOND MONTH | 5 weeks - embryo is 1/4 inch long.<br>Face, eyes, ears, and limbs take shape.<br>Bones begin to form.<br>Development of internal organs. | Breasts begin to swell.<br>Enlarging uterus places pressure on the bladder--more frequent urination.<br>Possible "morning sickness."<br>Fatigue. |
| THIRD MONTH | Fetus is about 1 inch long<br>Nostrils, mouth, lips, teeth buds, and eyelids form.<br>Fingers and toes are almost complete.<br>All organs are present but immature.<br>Eyelids are fused. | Breasts are firmer, fuller, and ache.<br>Nausea, fatigue, frequent urination.<br>Abdomen becomes larger.<br>Uterus is about the size of an orange.<br>2-4 pounds weight gain. |
| FOURTH MONTH | Fetus is 3 inches long.<br>Fetus weights about 1 ounce.<br>Can suck thumb, swallow, hiccup, and move.<br>Facial features are clearer. | Continued size change.<br>Discomforts of early pregnancy are gone.<br>Increased appetite. |
| FIFTH MONTH | Fetus is about 6-7 inches.<br>Fetus weighs 4-5 ounces.<br>Hair, eyelashes, and eyebrows appear<br>Teeth continue to develop.<br>Organs keep maturing.<br>Fetus is more active.<br>Lanugo develops. | Enlarged abdomen is obvious.<br>Fetal heartbeat is heard through stethoscope.<br>Quickening. |
| SIXTH MONTH | Fetus is 8-10 inches long.<br>Fetus weighs about 8-12 ounces.<br>Fat is depositing under the skin.<br>Fetus looks wrinkled.<br>Breathing begins. | Fetal movement is strong.<br>Fetus kicks and thumps are felt.<br>10-12 pounds weight gain. |

OPTION 6, page 2–STAGES OF PRENATAL DEVELOPMENT KEY

| | | |
|---|---|---|
| SEVENTH MONTH | Fetus is 10-12 inches long.<br>Fetus weighs about 1 1/2-2 pounds.<br>Fetus is active, then rests.<br>Eyelids separate.<br>Vernix develops. | Posture is affected by increased weight and size. |
| EIGHTH MONTH | Fetus is 14-16 inches long.<br>Fetus weighs 2 1/2-3 pounds.<br>Fetus may react to noises with a jerking action.<br>Fetus has moved to head-down position. | Backaches, leg cramps, shortness of breath, fatigue.<br>Fetal kicks are felt.<br>Weight gain of 18-20 pounds. |
| NINTH MONTH | Fetus is about 17-18 inches long.<br>Fetus weighs 5-6 pounds, but weight gain continues.<br>Skin is smooth because fat deposits continue.<br>Fetal movements are slowed due to lack of room.<br>Disease-fighting antibodies are taken from the mother's blood.<br>Fetus descends into pelvis and is ready for birth. | "Lightening"--the fetus drops into the pelvis.<br>Easier to breathe.<br>Usual discomforts of late pregnancy.<br>Weight gain of 24-30 pounds.<br>Uterus is the size of a small watermelon.<br>May have false labor pains. |

**UNIT:** Prenatal Development **LESSON:** Labor and Childbirth
**TIME:** 1 day

## COMPETENCIES:

1. Compare and evaluate options for childbirth delivery facilities. (Options 2 and 4)
2. Discuss labor and childbirth as it relates to the baby. (Options 2, 3, 5, 6, and 7)
3. Identify the stages of childbirth. (Options 2, 3, 5, 6, and 7)
4. Describe possible complications that may occur during childbirth. (Options 2, 3, 5, and 7)

## OVERVIEW/SUMMARY:

The last few weeks of pregnancy are a time of mixed emotions. The mother, tired from the physical demands placed on her body by the developing child, may be excited to give birth yet fearful and anxious of the actual birthing process. The father may be excited to meet the new baby yet fearful of the new responsibilities of fatherhood.

Birth is a common experience, occurring thousands of times each day, yet each birth is unique and challenging to the people involved. Different methods of childbirth and anesthetic procedures are chosen to facilitate optimum childbirth conditions in each situation.

## MOTIVATOR:

Have the students bring pictures or copies of pictures of themselves as babies. Make a bulletin board titled, "You must have been a beautiful baby!" You may wish the pictures to be labeled with names or for the pictures to remain anonymous.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
Book: On the Day You Were Born

OPTION 2--Competencies 1-4
GUEST SPEAKER: Invite an obstetrician, midwife, or delivery room nurse to class. Have him/her explain labor, childbirth, postpartum care, and complications that may occur during childbirth.

OPTION 3--Competencies 2-4
DISCUSSION: Teacher presentation of labor and childbirth.

OPTION 4--Competency 1
FIELD TRIP: Take the class to visit a nearby hospital or childbirth facility. Have the nurses or doctors explain what options are available to an expectant couple for delivery of their baby.

OPTION 5--Competencies 2, 3, and 4
CROSSWORD PUZZLE: Have students complete the crossword puzzle.

OPTION 6--Competencies 2 and 3
VIDEO: View a birthing video and discuss it as a class. BE SURE TO PREVIEW ALL MEDIA BEFORE YOU SHOW IT TO YOUR CLASS. Your local hospital library has some excellent resources. "Miracle of Birth" is a good video.

OPTION 7--Competencies 2, 3, and 4
TERMS--Review the terms used in the labor and birth process and have students complete the matching activity LABOR, DELIVERY, AND BIRTH TERMINOLOGY.

**RESOURCES:**
Parenting Expectations, 1-12
1991 On Target Media, Inc.
Cincinnati, Ohio 11032-12

# LABOR AND CHILDBIRTH

Labor refers to the energy and effort used to move the baby out of the mother's body. It is termed such because it truly is labor! It is accomplished through a series of contractions in the uterine muscles. These contractions cannot be controlled by the mother. Therefore, they are referred to as involuntary. Hormones inside of the mother control the onset, length, and strength of these contractions. The average length of labor for a first baby is between 12 and 14 hours. However, each woman's labor will vary and may be as short as three hours or last 24 or more hours.

There are several signs indicating the beginning of labor. These include:

1. Lightening. This is a change in the position of the baby. The baby drops lower in the pelvis, relieving the abdominal pressure on the mother and making her breathing easier.
2. Contractions of the uterus. These contractions usually begin as weak cramps and a backache, gradually increasing in intensity and coming at more frequent and regular intervals. Braxton Hicks contractions are false labor pains that prepare the uterus for labor and help circulate maternal blood.
3. Passage of the mucous plug from the cervix. Sometimes referred to as "the show" or "the bloody show" because it is blood tinged.
4. Rupturing of the bag of water as the mio-chorionic membrane ruptures. This may be a small trickle or a gush of fluid.

Labor is divided into three stages:

1. DILATION STAGE: In order for the baby to pass from the uterus to the vagina, the cervix must first stretch and expand. This is referred to as dilation. At first, the cervix is approximately 1/4 inch in diameter. The contractions push the baby's head against the cervix, causing it to widen. At the end of this stage of labor, the cervix is approximately 4 inches in diameter. If the bag of water has not ruptured by this time, the physician will break it.

   This stage of labor is further divided into three categories. These categories are:

   a. Early labor: The cervix dilates from 0-4 cm in diameter. Contractions may or may not be regular, coming 5-10 minutes apart. Most women are still home at this time.
   b. Active labor: The cervix dilates from 4-8 cm. The uterine contractions will be longer, more regular, and more frequent. The mother should be in the hospital by this time.
   c. Transition: The cervix dilates from 8-10 cm or complete dilation. The mother's contractions become more frequent and much stronger. They are 1-3 minutes apart. During transition the baby's head moves from the uterus and into the vagina or the birth canal. This is the most difficult period of childbirth and is the time when anesthetic will most likely be given.

The dilation stage lasts the longest. The length of time varies with each birth; however, the average length for first pregnancies is eight hours. Remember, during this time, most hospitals will use a fetal monitor to record the strength and duration of contractions, as well as the baby's heartbeat.

2. EXPULSION STAGE: This stage begins when the baby's head is in the birth canal and ends when the baby is born. This stage does not last long, usually 5-10 minutes. During this stage, contractions become more frequent and longer. The contractions occur 1-3 minutes apart and last about 1 to 1 1/2 minutes. During the first stage, the function of the contractions is to dilate the cervix. In the second stage, their function is to push the baby out through the pelvis and the birth canal.

   Crowning refers to the time when the baby's head is first seen. At the time of crowning, the physician or midwife will decide whether or not to perform an episiotomy. This is a small incision from the vagina to the anus in the perineum to prevent tearing. At the completion of birth, the incision is stitched closed.

   During the expulsion stage, the physician may use forceps to help guide the baby's head during delivery. Forceps are specialized tongs made of surgical steel that are molded to fit the shape of the baby's head. The movement of the baby's head can be better controlled, sometimes aiding it in emerging more quickly and sometimes slowing the movement. (Check your local hospital for pictures of forceps.)

   At other times, vacuum extraction may be used. A soft cap is put on top of the baby's head and suction is applied to help pull the baby through the birth canal.

   The birth process places a great strain on the baby. It's heartbeat will dramatically increase.

3. AFTERBIRTH STAGE: The contractions of the uterus continue, causing the placenta to separate from the wall of the uterus and be expelled. The afterbirth, which is expelled, consists of placenta, umbilical cord, amniotic sac, and lochia.

   Childbirth, although a natural process, is difficult for both the mother and the baby. Fortunately, nature makes this easier. The unborn baby's skull is soft and flexible so it can become longer and more narrow, allowing it to pass through the pelvis more easily.

During the birth process, complications may arise. The baby experiences great pressure as it is pushed out of the uterus and through the birth canal. At times, the umbilical cord may be constricted, restricting blood flow to the baby. In some instances, the mother's pelvis may not be large enough to allow passage of the baby. Sometimes the placenta is positioned close to or covering the cervix and must be delivered before the baby. In these instances, the doctor may decide to perform a cesarean section (c-section) to avoid danger to the mother or baby. This is performed by making an incision in the mother's abdomen and uterus. The baby is then removed from the uterus before it enters the birth canal. However, a vaginal birth, if possible, is best for the infant for several reasons: it helps expel any fluid out of the lungs, and the baby must fight more, which develops strength in the baby.

In most instances, the baby's face is looking downward as the head emerges. This is called a posterior position. Some babies are born in an anterior position. The head then rotates to the side, the shoulders come out one at a time, followed by the abdomen and legs. In some instances, the baby is not positioned correctly and will emerge buttocks, feet, or shoulders first. This is referred to as "breech." This type of birth is more difficult for both the mother and the child and, in many instances, the doctor will try and turn the baby or a c-section will be performed.

# LABOR AND DELIVERY CROSSWORD PUZZLE

Complete the crossword puzzle on the following page.

CLUES:

ACROSS

1. A small incision to prevent tearing.
6. The cervix dilates from about 1/4 inch to __________ inches.
7. The energy and effort used to move the baby out of the mother's body.
8. After the baby is born, contractions continue causing the placenta to separate from the __________ .
9. The baby's head moves from the uterus and into the vagina.
10. Passage of the mucous __________ from the cervix is sometimes referred to as "the show."
11. Opening to the uterus.
12. Refers to the cervix stretching and expanding.
18. The bag of __________ may rupture, signaling the onset of labor.
19. __________ extraction--a type of suction applied to the baby's head to help pull it through the birth canal.
20. __________ section--an incision is made in the mother's abdomen and uterus, and the baby is removed through the opening.
21. Another name for the birth canal.

DOWN:

1. __________ stage--the stage of labor that begins when the baby's head is in the birth canal and ends when the baby is born.
2. Contractions are __________ muscle movements because they cannot be controlled by the mother.
3. A substance contained in the afterbirth.
4. Refers to the time when the baby's head is first seen.
5. Involuntary muscle movements.
6. Tongs that fit the shape of the baby's head, used to help control movement of the baby.
7. The baby dropping lower in the pelvis.
13. Consists of placenta, umbilical cord, amniotic sac, and lochia.
14. A fetal __________ records the strength and duration of contractions and the baby's heartbeat.
15. In most cases, the baby's face is looking __________ as the head emerges.
16. In the second stage of labor, the purpose of the contractions is to push the baby through the __________ and the birth canal.
17. Refers to a baby positioned with feet, buttocks, or shoulders first.

Name ______________________________ Hour ____________

## LABOR AND DELIVERY CROSSWORD PUZZLE

WORDLIST:

AFTERBIRTH
BREECH
CERVIX
CESAREAN
CONTRACTIONS
CROWNING
DILATION
DOWNWARD
EPISIOTOMY
EXPULSION
FORCEPS
INVOLUNTARY
LABOR
LIGHTENING
LOCHIA
FOUR
MONITOR
PELVIS
PLUG
TRANSITION
UTERUS
VACUUM
VAGINA
WATERS

# LABOR AND DELIVERY CROSSWORD PUZZLE--KEY

ANSWERS

**ACROSS:**

1. EPISIOTOMY
6. FOUR
7. LABOR
8. UTERUS
9. TRANSITION
10. PLUG
11. CERVIX
12. DILATION
18. WATERS
19. VACUUM
20. CESAREAN
21. VAGINA

**DOWN:**

1. EXPULSION
2. INVOLUNTARY
3. LOCHIA
4. CROWNING
5. CONTRACTIONS
6. FORCEPS
7. LIGHTENING
13. AFTERBIRTH
14. MONITOR
15. DOWNWARD
16. PELVIS
17. BREECH

STUDENT ______________________ CLASS ______________

## LABOR, CHILDBIRTH, AND POSTPARTUM TERMINOLOGY

Match the correct number with the definition shown below.

ACTIVE LABOR
AFTERBIRTH
ANALGESIC
ANESTHETIC
ANESTHESIOLOGIST
APGAR SCORE
BRAXTON-HICKS CONTRACTIONS
BREECH
CESAREAN
CAUDAL BLOCK
CIRCUMCISION
COLOSTRUM
CONTRACTIONS
CROWNING
DELIVERY
DILATION
EFFACEMENT
ENEMA
EPIDERAL BLOCK
EPISIOTOMY
FONTANEL
GYNECOLOGIST
INACTIVE LABOR

INDUCED ABORTION
INVOLUTION
LABOR
LIGHTENING
LOCHIA
MISCARRIAGE
NATURAL ABORTION
NATURAL CHILDBIRTH
OBSTETRICIAN
PARICERVICAL BLOCK
PEDIATRICIAN
PERINEUM
PLACENTA
POSTNATAL
POSTPARTUM
PREMATURE
PUDENDAL BLOCK
SADDLE BLOCK
SHOW
SPINAL BLOCK
STATION
STILL BIRTH
TRANSITION

1. ______________________ when the uterus contracts at irregular intervals throughout pregnancy. They exercise and prepare the uterus for labor and help circulate maternal blood.

2. ______________________ when a full-term baby is dead at birth.

3. ______________________ low spinal, numbs from lower belly down, must stay flat 18-24 hours, and often be catheterized.

4. ______________________ the soft spot on top of the baby's head where the skull bones have not grown together.

5. ______________________ when a baby is delivered through a cut in the abdominal wall.

6. ______________________ labor from 8-10 centimeters dilation, often considered the hardest part of labor. It ends the first stage of labor.

7. ______________________ anesthetic given in cervix and lower lateral border of uterus to numb that area.

8. ______________________ rich, watery fluid that comes from mother's breast before milk comes.

9. ______________________ a procedure that terminates the fetus before full term.

10. ______________________ childbirth without need of pain killers; preparation to relieve fear, tension, and pain before birth.

11. ______________________ refers to the level of the infant's head as it descends into the birth canal.

12. ______________________ an injection between vertebrae in the lower back to numb the navel to thigh area.

13. ______________________ the placenta, umbilical cord, amniotic sac, and lochia delivered as the third stage of labor.

14. ______________________ anesthetic given in spinal fluid around the spinal cord.

15. ______________________ time from birth to 6 weeks for mother.

16. ______________________ birth of the baby from birth canal to outside world.

17. ______________________ a physician who is trained in female concerns.

18. ______________________ the purpose is to open the cervix to about 3 cm. It is the longest and least uncomfortable labor and often occurs at home.

19. ______________________ time from birth to 6 weeks for baby.

20. ______________________ the plug covering the cervix. It is released at the beginning of labor and is pinkish red in color.

21. ______________________ a drug that relieves or diminishes the sense of pain.

22. ____________________ a doctor who administers anesthesia.

23. ____________________ removal of extra skin at the head of a penis.

24. ____________________ tightening of uterine muscles that help move the baby from the uterus to and through the birth canal.

25. ____________________ refers to the size of the round opening of the cervix. An opening ten centimeters or large enough for five fingers to enter is full dilation.

26. ____________________ when the length of the cervical canal is shortened because it is thinning out to prepare for birth.

27. ____________________ cutting of perineum during birth to prevent skin from tearing and make the delivery easier.

28. ____________________ returning of uterus from pregnancy size to non-pregnant state.

29. ____________________ same as miscarriage or natural birth of fetus before full term.

30. ____________________ the physician trained to care for children up to the age of adolescence.

31. ____________________ attached at the end of the umbilical cord to the uterine wall to transport nourishment from mother to baby.

32. ____________________ anesthetic given through buttocks to numb the pelvic area (includes nerve fibers in the external organs, perineum, vagina, and vulva).

33. ____________________ relieves all sensation of pain.

34. ____________________ when warm water is inserted into the rectum to remove the solid waste.

35. ____________________ a heavy vaginal discharge after the birth of the baby. The average flow is 21 days.

36. ____________________ given in a space at the base of the back bone. It numbs the lower back and buttocks.

37. ______________________ physician who is trained in female concerns but also gives prenatal care, delivers babies, and gives postnatal care.

38. ______________________ movements of the baby into head down position at the end of pregnancy providing relief of pressure on the rib cage.

39. ______________________ when a baby is born bottom or feet first.

40. ______________________ the cervix dilates from 3-7 cm, contractions 2-3 minutes apart.

41. ______________________ skin between vaginal opening and the anus which is cut during delivery.

42. ______________________ when the baby's head can be seen at the vaginal opening and is ready to be born.

43. ______________________ a baby born before developing full term and weighing under 5 1/2 pounds.

44. ______________________ natural birth of fetus before it is developed fully, not full term.

45. ______________________ a visual reading of the newborn that checks color, respiration, reflex irritability, pulse, and muscle tone.

46. ______________________ the work of the mother and baby to help the baby be delivered.

# LABOR, CHILDBIRTH, AND POSTPARTUM TERMINOLOGY--KEY

| | | |
|---|---|---|
| 1. | BRAXTON-HICKS CONTRACTIONS | when the uterus contracts at irregular intervals throughout pregnancy. They exercise and prepare the uterus for labor and help circulate maternal blood. |
| 2. | STILL BIRTH | when a full-term baby is dead at birth. |
| 3. | SADDLE BLOCK | low spinal, numbs from lower belly down, must stay flat 18-24 hours, and often be catheterized. |
| 4. | FONTANEL | the soft spot on top of the bay's head where the skull bones have not grown together. |
| 5. | CESAREAN | when a baby is delivered through a cut in the abdominal wall. |
| 6. | TRANSITION | labor from 8-10 centimeters dilation, often considered the hardest part of labor. It ends the first stage of labor. |
| 7. | PARICERVICAL BLOCK | anesthetic given in cervix and lower lateral border of uterus to numb that area. |
| 8. | COLOSTRUM | rich, watery fluid that comes from mother's breast before milk comes. |
| 9. | INDUCED ABORTION | a procedure that terminates the fetus before full term. |
| 10. | NATURAL CHILDBIRTH | child birth without need of pain killers; preparation to relieve fear, tension, and pain before birth. |
| 11. | STATION | refers to the level of the infant's head as it descends into the birth canal. |
| 12. | EPIDERAL BLOCK | an injection between vertebrae in the lower back to numb the navel to thigh area. |
| 13. | AFTERBIRTH | the placenta, umbilical cord, amniotic sac, and lochia delivered as the third stage of labor. |
| 14. | SPINAL BLOCK | anesthetic given in spinal fluid around the spinal cord. |

OPTION 7, page 2–LABOR/CHILDBIRTH/POSTPARTUM KEY

| | | |
|---|---|---|
| 15. | POSTPARTUM | time from birth to 6 weeks for mother. |
| 16. | DELIVERY | birth of the baby from birth canal to the outside world. |
| 17. | GYNECOLOGIST | a physician who is trained in female concerns. |
| 18. | INACTIVE LABOR | the purpose is to open the cervix to about 3 cm. It is the longest and least uncomfortable labor and often occurs at home. |
| 19. | POSTNATAL | time from birth to 6 weeks for baby. |
| 20. | SHOW | the plug covering the cervix. It is released at the beginning of labor and is pinkish red in color. |
| 21. | ANALGESIC | a drug that relieves or diminishes the sense of pain. |
| 22. | ANESTHESIOLOGIST | a doctor who administers anesthesia. |
| 23. | CIRCUMCISION | removal of extra skin at the head of a penis. |
| 24. | CONTRACTIONS | tightening of uterine muscles that help move the baby from the uterus to and through the birth canal. |
| 25. | DILATION | refers to the size of the round opening of the cervix. 10 centimeters or 5 fingers is full dilation. |
| 26. | EFFACEMENT | when the length of the cervical canal is shortened because it is thinning out to prepare for birth. |
| 27. | EPISIOTOMY | cutting of perineum during birth to prevent skin from tearing and make the delivery easier. |
| 28. | INVOLUTION | returning of uterus from pregnancy size to non-pregnant state. |
| 29. | NATURAL ABORTION | same as miscarriage or natural birth of fetus before full term. |
| 30. | PEDIATRICIAN | the physician trained to care for children up to the age of adolescence. |

OPTION 7, page 3–LABOR/CHILDBIRTH/POSTPARTUM KEY

| | | |
|---|---|---|
| 31. | PLACENTA | attached at the end of the umbilical cord to the uterine wall to transport nourishment from mother to baby. |
| 32. | PUDENTAL BLOCK | a shot of anesthetic that numbs the pelvic area (includes nerve fibers in the external organs, perineum, vagina, and vulva). |
| 33. | ANESTHETIC | relieves all sensation of pain. |
| 34. | ENEMA | when warm water is inserted into the rectum to remove the solid waste. |
| 35. | LOCHIA | a heavy vaginal discharge after the birth of the baby. The average flow is 21 days. |
| 36. | CAUDAL BLOCK | given in a space at the base of the back bone. It numbs the lower back and buttocks. |
| 37. | OBSTETRICIAN | physician who is trained in female concerns but also gives prenatal care, delivers babies, and gives postnatal care. |
| 38. | LIGHTENING | movements of the baby into head down position at the end of pregnancy providing relief of pressure on the rib cage. |
| 39. | BREECH | when a baby is born bottom or feet first. |
| 40. | ACTIVE LABOR | the cervix dilates from 3-7 cm, contractions 2-3 minutes apart. |
| 41. | PERINEUM | skin between vaginal opening and the anus which is cut during delivery. |
| 42. | CROWNING | when the baby's head can be seen at the vaginal opening and is ready to be born. |
| 43. | PREMATURE | a baby born before developing full term and weighing under 5 1/2 pounds. |
| 44. | MISCARRIAGE | natural birth of fetus before it is developed fully, not full term. |

| | | |
|---|---|---|
| 45. | APGAR SCORE | a visual reading of the newborn that checks color, respiration, reflex irritability, pulse, and muscle tone. |
| 46. | LABOR | the work of the mother and baby to help the baby be delivered. |

**UNIT:** Growth and Development **LESSON:** Neonate--Overview
**TIME:** 2-3 days

## COMPETENCIES:

1. Define the term neonatal and describe the physical characteristics of a neonate. (Options 2, 3, 4, and 5)
   a. Describe medical procedures commonly employed during the neonatal period (APGAR test, silver nitrate, PKU, etc.).
   b. Identify the physical needs of the neonate and explain how to provide for those needs.
2. Identify the emotional needs of the neonate and explain how to provide for those needs. (Options 6 and 7)

## OVERVIEW/SUMMARY:

At birth, the newborn baby leaves an environment that is safe, warm, and weightless. Now, the baby is called a neonate, and its entire world has changed. The most critical time for the neonate, physically, is the first minutes following birth. This is the time when all of the neonate's systems must begin to function on their own. The first month of life brings many adjustments for the neonate and his/her parents.

## INTRODUCTION:

Hold up several pictures from magazines of infants, such as the ones found on diaper advertisements, baby food advertisements, etc. Have the students respond to the pictures. After showing several pictures, ask the students if newborn infants really look like the pictures you showed them. Show them a picture of a newborn and ask them to respond. You may also want to use part of the segment in the "Bill Cosby Himself" tape or video concerning childbirth. Towards the end of the childbirth segment, he talks about how the newborn looks. Explain that the newborn looks the way it does due to the experience of birth that it has just been through.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: The New Baby, or Happy Birthday to You! by Dr. Seuss, ISBN #0-394-80076-1

OPTION 2--Competency 1--**CDA I, 2-Healthy**
DISCUSSION: Use the "Neonate Study Guide," and "Neonate Lecture" or a text to study the neonate.

OPTION 3--Competency 1
APPEARANCE--Explain common newborn appearances and medical procedures by using the HEALTHY NEWBORNS slides available through Childbirth Graphics, $79.95.

OPTION 4--Competency 1
GUEST SPEAKER: Invite a pediatrician or a pediatric nurse to talk to the class about the medical procedures and the assessments performed following birth.

OPTION 5--Competency 1
BABY TALK: View the video "Baby Talk," $24.95, available through Childbirth Graphics or from Cambridge.

OPTION 6--Competency 2--**CDA III, 8-Self**
THRIVING: A baby cannot grow and develop properly without love. When a baby is born healthy and strong and into a loving family, it grows and develops, or in other words, it thrives. "Failure to thrive" is a term used for infants who are born healthy and strong but who have no medical reason for not developing and growing. It is believed that failure to thrive is caused from a lack of love, caring, and bonding. Discuss with the students how vital it is to begin this nurturing and bonding with the baby or neonate as soon after birth as possible. List on the board, using students' input, some of the ways that parents can encourage bonding with a neonate:

1. Holding and cuddling the baby just after the birth.
2. Holding and cuddling the baby often.
3. Rocking the baby.
4. Answering the baby's cries as soon as possible.
5. Having skin-to-skin contact.
6. Having eye-to-eye contact during feeding times.
7. Talking softly and lovingly to the baby.
8. Keeping the baby warm and safe.

OPTION 7--Competency 2--**CDA III, 8-Self**
CRYING: Play a tape recording of a baby's different cries: hungry cry, hurt cry, bored cry, tired cry, etc. See if the students can identify which cry they are hearing. Discuss crying and the different cries that a baby has. Have the students view the segment on "Crying, Wailing, and Sobbing" from the PARENTS VIDEO MAGAZINE--"BABY COMES HOME." This video can be purchased through Cambridge Home Economics, P.O. Box 2153, Dept. HE12, Charleston, WV 25328-2153, 1-800-468-4227, Fax 1-304-744-9351. Use the teacher information and the "CRYING INFANTS GUIDE" and "20 WAYS TO COPE WITH A CRYING BABY" transparencies. Learning to differentiate cries and how to respond to them appropriately is vital to emotional nurturing.

---

**RESOURCES:**
On the Day You Were Born, Debra Frasier, ISBN: 0-15-257995-8

Baby Your Baby
Dr. Mom
Brazelton books

Childbirth Graphics, A Division of WRS Group, Inc., PO Box 21207
WACO, TX 76702-9964, Phone #1-800-299-3366, ext. 287, FAX 817-751-0221

"Childbirth Magazine," p. 92-93, "Baby's First Hours"

"Bill Cosby Himself," copyright 1982, Motown Record Company, available at any store that sales cassette tapes.

# NEONATE LECTURE

The newborn is often referred to as a neonate because "neo" means new and "natal" means birth. The neonatal period extends for the first month of life.

At birth, the neonate is no longer completely dependent on its mother for survival. At the beginning of the birth process, the baby's lungs are filled with amniotic fluid. The pressure of being squeezed through the birth canal forces much of this fluid out of the lungs. When the baby emerges, the pressure is released and the lungs automatically expand, causing the baby to take its first breath. A special valve in the heart closes and soon will become permanently sealed. This valve allows blood to now circulate to and from the lungs rather than bypassing them as before.

The umbilical cord is no longer needed. It stops pulsing and begins to shrink. It will be clamped and cut off. The physician may allow the father to cut the umbilical cord so as to help him feel more a part of the birthing process. The part attached to the baby will soon dry up completely and will heal and fall off within two weeks. Before it falls off, it is vital that it is cared for properly to prevent infection. To care for the stump of the umbilical cord, you need to use a cotton swab dipped in rubbing alcohol and clean the skin and area around where the stump is attached to the skin. This should be done each time the neonate's diaper is changed. The top of the neonate's diaper should also be folded down to avoid rubbing against the stump. When the stump fall off a few drops of blood may appear. This is normal.

The newborn's head is proportionately large for its size. It is approximately 1/4 the size of the body. The neonate is not able to fully support his/her own head due to the lack of neck muscle control. (Show the transparency, "Body Proportions" and "Birth Through 6 Months.") The head may appear pointed on the top or lopsided because of its passage through the birth canal. The baby's skull is pliable and can be molded together during birth to make birth easier. Any unusual shape is temporary.

Babies have two fontanels, or open spaces, in the bones of their head. These are often referred to as "soft spots." The largest of these is just above the forehead. The other one is toward the back of the head. These open spaces allow the baby's skull to move together during birth. If the baby does not have these fontanels, the skull must be cut open and repaired surgically. As the baby grows older, the skull grows together and closes the spaces. This begins to happen by about age two but will not become solid until about age 14, to allow for brain growth. (Show the transparency "Fontanel.")

A typical newborn has a short flat nose and a receding chin. This will help him/her to eat by keeping the nose and chin out of the way. The sense of smell is extremely well developed, probably the best developed of all of the senses. One study had several mothers place a cloth between their bra and their skin to pick up the scent of their bodies. After a short amount of time, all of the cloths were presented to all of the babies. The babies clearly responded positively to the cloth that had their own mother's scent on it.

Most neonates' eyes are nearly adult size and are a gray-blue color. Permanent eye color will become apparent over the next several months. The newborn's eyelids will appear to be swollen or puffy. This protects their sensitive eyes. You can imagine what it is like coming from the dark womb into the bright world if you think of how you feel when you come from a movie theater and into the sunshine. The newborn cannot shed tears until about three months of age. It was once believed that newborns could not see. Recent research has found that newborns can see. Their vision is about 20/700. This makes their world seem fairly blurry. Therefore, newborns see best at about 8-12 inches and respond to high contrasting colors. Black and white have the greatest contrast; therefore, newborns like and can see toys and objects made of black and white. The baby's eyesight gradually improves until the baby can see as well as adults.

The neonate's ears are usually close to their heads and one may be higher than the other due to passage through the narrow birth canal. The neonate's sense of hearing is well developed. Because the newborn could hear while in the womb, he/she will respond to his/her mother's voice, as well as the father's voice. Research has also suggested that if the fetus responds one way to one of the parent's voices, it will most likely respond the same way after birth. For example, if when the father talks, the fetus moves around rapidly in the womb, then after the baby is born, it will probably respond in a similar manner. Neonates also tend to like high-pitched sounds or voices.

The neonate's sense of taste is also well developed. Neonates are born with a natural sweet tooth and will prefer sugar water over plain water. Therefore, do not give the newborn sugar water and then expect him/her to eagerly take plain water. It is best to give them plain water, if water is prescribed by a physician. Newborns can also distinguish and prefer breast milk over any other liquid.

A neonate's skin is blotchy. All neonates, no matter their race, are typically born with bright red or pink skin. Circulation by the baby is still being regulated and the fingers and toes may feel cold and appear bluish. There may be areas of peeling if any of the cheesy material that covered the baby's skin before birth still remains. Vernix covered the neonate's body while in the womb to protect it from the amniotic fluid. If there is vernix left on the skin, it should be rubbed into the neonate's skin. It is the best lotion around!

Lanugo, or fine hair found on the neonate's body, may also still be present. It has sometimes been referred to as peach fuzz because that is what it looks like. The lanugo also protects the neonate's skin while in the womb.

Milia are tiny white bumps that look like tiny whiteheads on the neonate. They are caused from vernix clogging the pores in the skin. They should not be bothered and will disappear within two or three weeks. Half of all neonates have milia.

Patches of deep pink skin commonly found on the bridge of the nose, the forehead, and eyelids are called angels kisses. However, if these same rashes are found at the nape of the neck, they are called stork bites. Angels kisses and stork bites are the most common birthmarks found in light-skinned neonates. They usually disappear by the second month.

Mongolian spots look like a large, flat, green-blue bruise on the lower back or buttocks. These are very common in dark-skinned neonates and usually disappear by age 5 or 6.

Many neonates are born with a sucking blister found in the center of the top lip. This is caused from the neonate sucking its thumb, hand, fingers, or lower lip while in the womb. It will heal within a few days. Sucking blisters can appear now and again when the baby sucks a great deal.

Cradle cap is a common condition found in neonates. It looks like crusty patches on the scalp. Cradle cap should be treated by rubbing a small amount of oil on the neonate's scalp 10 minutes before they have a bath. Use a soft brush to gently scrub the scalp while shampooing the hair. Do not put oil on the scalp and leave it there for an extended amount of time: this will clog the pores and make the condition worse.

Some babies are born before the normal prenatal development is complete. The time the fetus spends in the womb is known as gestation. Normal gestation is 40 weeks. Babies born before 38 weeks have a poorer chance of survival. A newborn is labeled premature if he/she is born before 38 weeks gestation. Seven percent of the births in the United States are premature. Due to great advancements in the medical field and modern neonatal intensive care units (NICU), babies born 14-15 weeks early or at six months gestation have a good chance of survival. Premature infants are more likely to have the following conditions and/or problems: cold stress (not enough fat to keep their body temperature up), feeding difficulties, respiratory distress, heart failure, hemorrhage into the brain, bowel disease, and jaundice. A premature baby's systems for heat regulation, breathing, and digestion are not yet mature. They are usually placed in incubators, which control the oxygen supply, temperature, and humidity of the environment in which the baby stays.

Any newborn weighing less than 2.5 kg or 5 1/2 pounds is considered low birth weight. The closer a baby comes to the average of 3.2 kg or 7 1/2 pounds, the better the chances of survival. A baby can be born between 38-40 weeks gestation and still be low birth weight. However, most premature babies are also low birth weight.

The APGAR test is used shortly after delivery to evaluate the infant's physical development. The infant is given a 0-2 rating on each of five items. The five items include pulse, breathing, muscle tone, responsiveness, and skin color. A total score of 7-10 is considered normal. A lower score is a sign that the baby needs special medical attention. The APGAR score is usually given one minute after birth and is repeated at five minutes after birth (use transparency to explain the APGAR score). A small percentage of neonates are given scores of 5 or less. Most of those that are given lower APGAR scores are those born prematurely or those delivered by emergency C-section.

Within one hour of birth, drops of an antiseptic ointment (silver nitrate) are put into the infant's eyes to protect against infections. The baby is weighed, measured, and identified by footprints or fingerprints. Keeping newborn babies warm and dry is especially important during the first few hours, so babies are generally placed in a warming bassinet.

Dr. Berry Brazelton, a well-known pediatrician, developed a testing procedure used by some hospitals called the "Brazelton Neonatal Assessment Scale." It shows parents how their babies respond to various actions and how their reflexes work. It allows medical personnel to detect problems the baby may have in development and to allow parents to appreciate their baby's special skills and abilities.

Newborn screening is done in most states. Nine congenital disorders are detected by this screening. These include PKU, sickle cell anemia, and cystic fibrosis. The screening is done by collecting a few drops of blood from the infant's heel onto a special type of paper. The dried blood spots are sent to a medical laboratory. If an abnormality is detected, the family will be notified. An optional computerized hearing test is available on request.

Neonates have received a large amount of their mother's hormones during pregnancy. Therefore, both male and female neonates may secrete a few drops of milk from their breasts, and the breasts may be enlarged. Likewise, a male neonate's scrotum may be enlarged, and a female neonate's genitals may be enlarged with a small amount of clear, white, or slightly bloody vaginal discharge. These conditions last only a few days and no longer than a week.

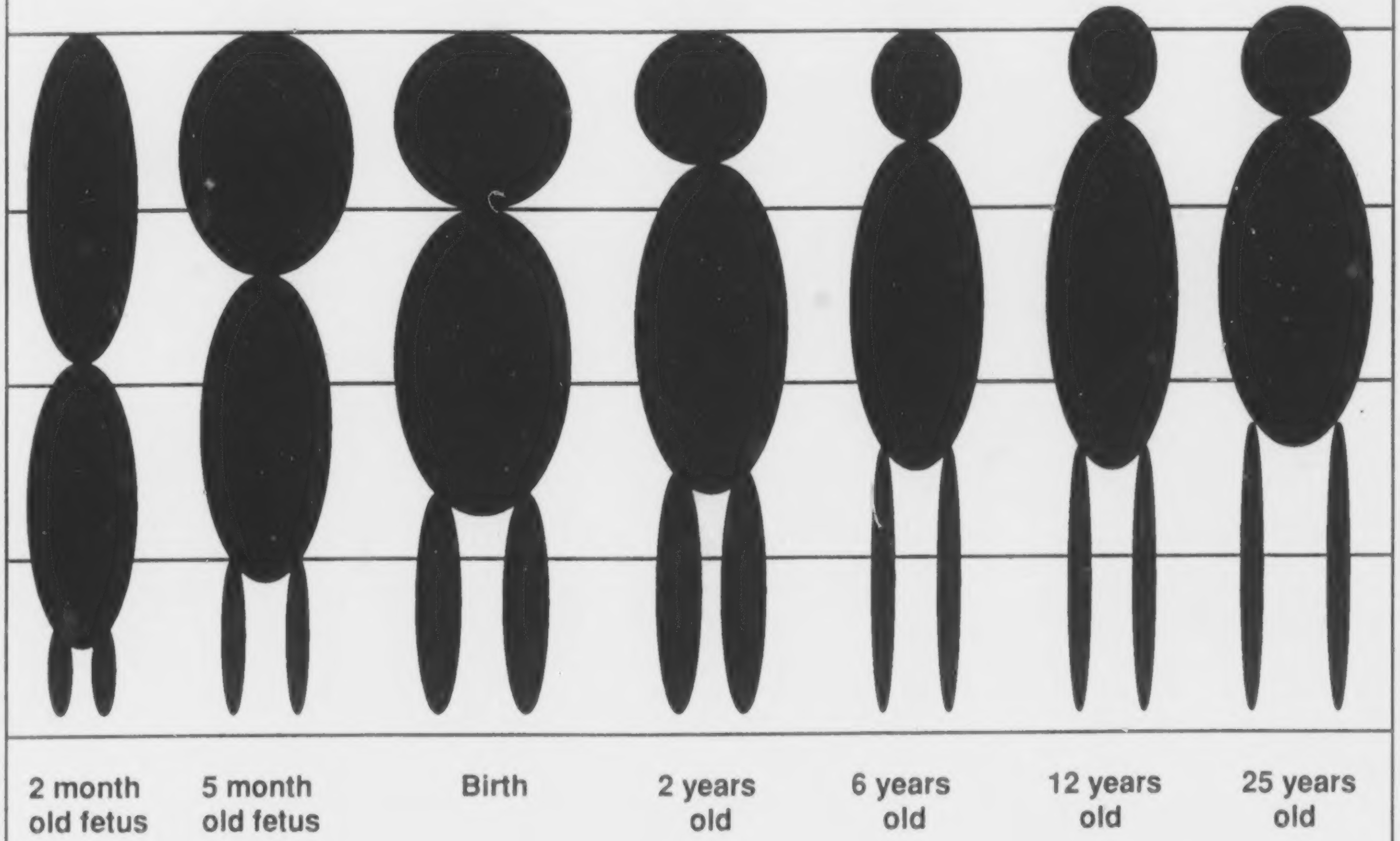
Circumcision is the removal of the top foreskin of the tip of the penis. This is usually performed by the pediatrician or obstetrician a day or two after delivery (unless it is delayed for religious reasons). In the United States, circumcision is common. Until 10 years ago, it was done routinely. However, recently some parents are opting not to have their sons circumcised because it is not medically necessary.

Whether or not the penis is circumcised, it must be cared for properly. The physician performing the circumcision will place a light gauze dressing with petroleum jelly on the circumcised penis. When the baby urinates, the gauze will most likely fall off. Some physicians recommend reapplying a fresh gauze dressing after each urination. Others suggest leaving the penis undressed. The tip of the penis will appear red. After a few days, a yellowing secretion will appear. This is normal and is an indication that the penis is healing. The penis will be completely healed in 1 1/2 to 2 weeks. The uncircumcised penis should be cleaned and bathed with soap and water, just like the rest of the diaper areas. The foreskin should not be retracted until the child is age 5 or 6. It is suggested that the parents watch the uncircumcised neonate urinate once in a while to make sure the hole in the foreskin is large enough to permit a normal stream of urine. If the stream is consistently a small trickle, or the neonate seems to have difficulty or discomfort urinating, a physician should be notified.

Merconium is the term used for the neonate's first bowel movements. Merconium looks like and has the consistency of hot tar. It lasts only a few days. Some babies will have a bowel movement after each feeding. Other babies have a bowel movement every day or two. Breast-fed babies tend to have frequent stools that are loose. Formula-fed babies have stools that are more solid.

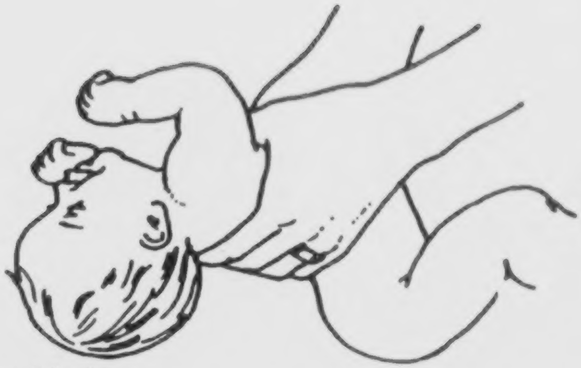
It used to be suggested that infants sleep on their stomachs and not on their backs. Recent research suggests that infants should be placed on their back or side to sleep, not on their stomachs. The recent research shows a correlation between infants sleeping on their stomachs and Sudden Infant Death Syndrome (SIDS). This is sometimes called crib death because infants die of no apparent cause but always while they are sleeping. Most of these deaths occur between the third week to the sixth month of life and usually during the cold months of the year. Though the exact cause of SIDS is not known, some researchers feel that premature babies are more often victims because their nervous and breathing systems are not fully developed.

# BODY PROPORTIONS

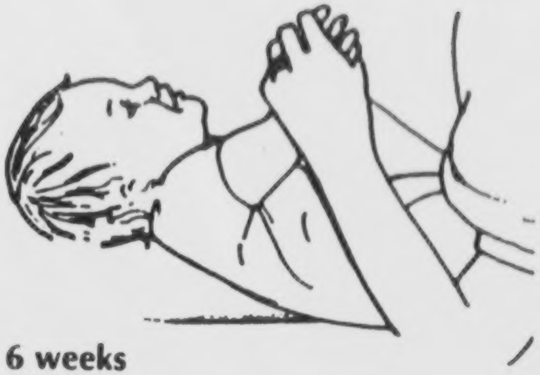

2 month old fetus
5 month old fetus
Birth
2 years old
6 years old
12 years old
25 years old

Adapted from Texas Tech University Curriculum Guide

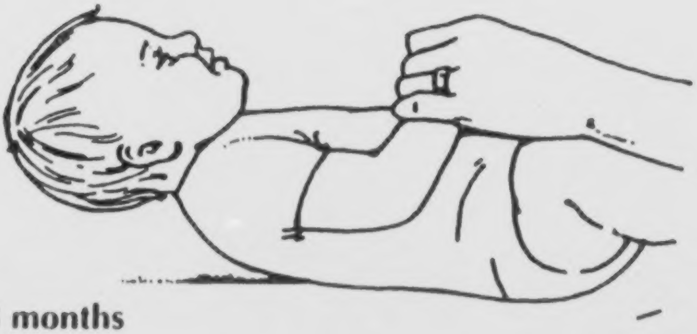
# BIRTH THROUGH SIX MONTHS



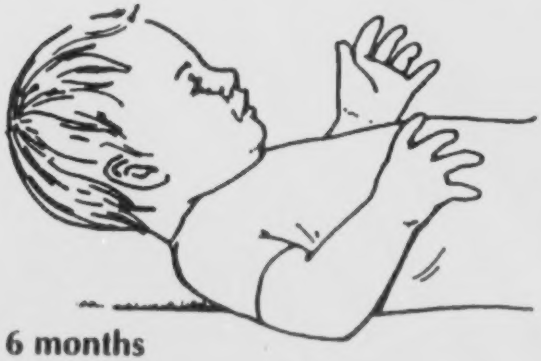
at birth



6 weeks

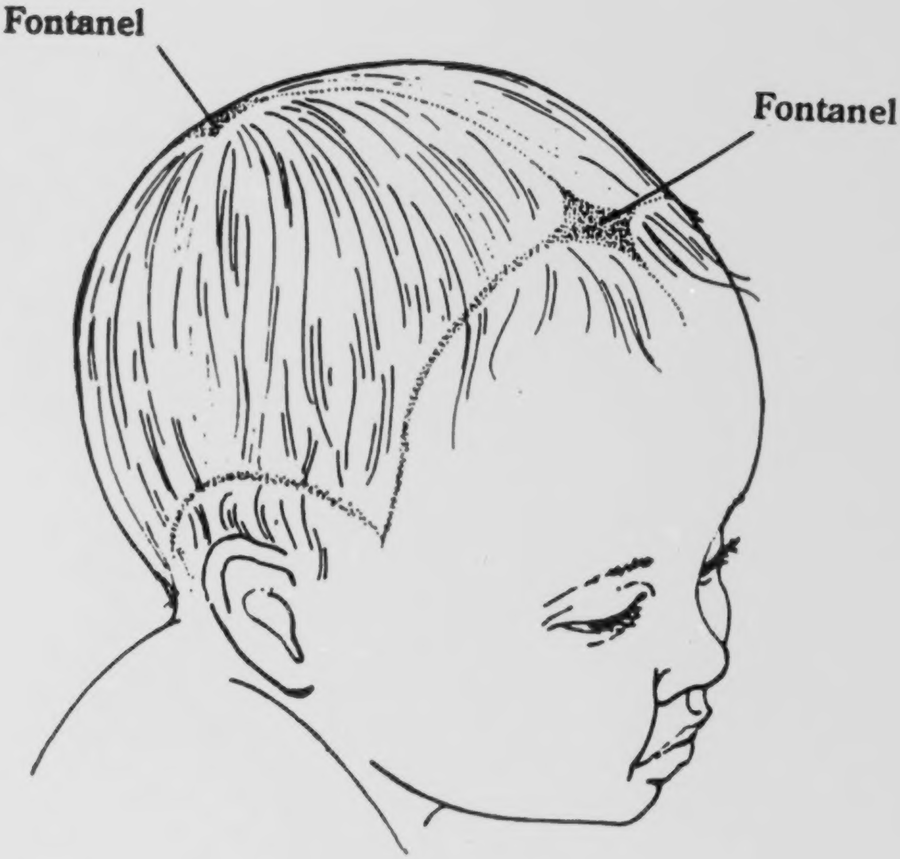


3 months



6 months

# FONTANEL


Fontanel
Fontanel

Name ______________________________ Hour ____________

# THE NEONATE

Define or explain the following:

1. Neonate:
2. Umbilical cord:
3. Head-to-body proportion:
4. Fontanels:
5. Senses and features:
   - a. nose/smell:
   - b. eyes/sight:
   - c. ears/hearing:
   - d. mouth/taste:
   - e. skin/touch:
6. Vernix:
7. Lanugo:
8. Milia:
9. Angels kiss:
10. Stork bite:
11. Mongolian spot:
12. Sucking blister:
13. Cradle cap:
14. Gestation:
15. Premature:
16. Low birth weight:
17. APGAR scale:
18. Gonococcal infection/silver nitrate:
19. Blood test for anemia/PKU/cystic fibrosis:
20. Swollen genitals:
21. Circumcision:
22. Merconium:
23. Jaundice
24. Sleeping:

# THE NEONATE--KEY

Define or explain the following:

1. Neonate:
   **A newborn--"neo" means new and "natal" means birth.**

2. Umbilical cord:
   **The cord that connects the baby to the mother. It supplies food and oxygen to the baby.**

3. Head-to-body proportion:
   **The newborn's head is large. It is about 1/4 the size of the body.**

4. Fontanels:
   **Open spaces in the baby's head that allow the skull to move together during birth and allow for brain growth after birth.**

5. Senses and features:

   a. nose/smell: **Short, flat nose helps by not getting in the way when the baby eats. Smell is the best developed sense.**

   b. eyes/sight: **Eyes are nearly adult size and a gray-blue color. Eyelids are swollen or puffy to protect their sensitive eyes. The baby's eyesight and eye color develop over the next several months. Their eyes often appear crossed due to the lack of muscle development and control and lack of a bridge on their nose. They see between 20/700 and 20/400. By three months, they see about 20/70, and by six months, they see about 20/30 to 20/20. (See *Parents Magazine,* April 1994.)**

   c. ears/hearing: **Ears are close to the head, and one may be higher than the other. The sense of hearing is well developed. Neonates like high-pitched sounds or voices.**

   d. mouth/taste: **The sense of taste is well developed. They are born with a natural sweet tooth. Newborns should be given plain water, not sugar water. Newborns prefer breast milk over any other liquid.**

   e. skin/touch: **Skin is blotchy, bright red or pink. Fingers and toes may feel cold and appear bluish. There may be areas of peeling if any vernix is left on the skin.**

6. Vernix: **A substance that covers the neonate's body while in the womb to protect it from the amniotic fluid.**

7. Lanugo: **A fine hair that covers the neonate's body. It protected the skin while in the womb.**

8. Milia: **Tiny white bumps that look like tiny whiteheads. They are caused by vernix clogging the pores in the skin. They will disappear within two or three weeks.**

9. Angel's kiss: **Patches of deep pink skin found on the bridge of the nose, forehead, or eyelids.**

10. Stork bite: **A patch of deep pink skin found at the nape of the neck.**

11. Mongolian spot: **Large, flat, green-blue bruise on the lower back or buttocks. Will disappear by age 5 or 6.**

12. Sucking blister: **A blister found in the center of the top lip. Caused from the neonate sucking its thumb while in the womb.**

13. Cradle Cap: **A crusty patch on the scalp.**

14. Gestation: **The time the fetus spends in the womb.**

15. Premature: **When a baby is born before 38 weeks gestation.**

16. Low birth weight: **A newborn weighing less than 2.5 kg or 5 1/2 pounds.**

17. APGAR scale: **A test used shortly after delivery to evaluate the infant's physical development.**

18. Gonococcal infection/silver nitrate: **An antiseptic ointment put into the baby's eyes within one hour of birth.**

19. Blood test for anemia/PKU/cystic fibrosis: **A test done by analyzing a few drops of blood that have been drawn from the baby's heel.**

20. Swollen genitals: **Because the neonate has received a large amount of his/her mother's hormones during pregnancy, the genitals may be swollen.**

21. Circumcision: **The removal of the foreskin of the tip of the penis.**

22. Merconium: **The term used for the neonate's first bowel movements.**

23. Jaundice: **A yellowish pigmentation of the skin, tissues, and body fluids caused by the deposition of bile pigments.**

23. Sleeping: **Infants should lay on their back or side to sleep, not on their stomachs.**

# CRYING

A parent responding to an infant's cry is a vital part of emotional nurturing. It helps the baby learn to trust and bond with the parents or caregivers. Therefore, is it important that parents learn to differentiate the various cries of a baby and to recognize how to respond to him/her.

Infants have four basic cries:
the hungry cry
the cry of pain
the bored or grumbling cry
the angry cry

The hungry cry has a rhythmical rise and fall with a short pause between the cry. It sounds demanding but not desperate.

The cry of pain is probably the most obvious, fearful cry of all. It begins with a loud inward gasp and is followed by a rising shriek. The inward gasps may take a few seconds before the baby can get enough air to shriek again.

The bored or grumbling cry is low pitched, not very demanding and extremely rhythmical. However, if left unanswered, this cry will get loud and demanding, and the infant will learn to use this cry more often.

The angry cry is loud, demanding, and varied. This cry does not usually enter the infant's types of cries until round six months of age.

There are many reasons why an infant might cry. Review the transparency "Crying Infants Guide." An infant cannot be spoiled, especially not by a parent responding to his/her cries. Explain that an infant does NOT cry to exercise his/her lungs or to manipulate parents. They cry because there is something they desperately need, and they are begging for the parent or caregiver to meet that need. Crying is their way of communicating.

Sometimes a baby cries for no apparent reason. This is often labeled as colic. If this occurs, remember that you are there to help the baby, not necessarily to stop the baby from crying.

Review the COPING WITH CRYING transparency.

## CRYING INFANTS GUIDE

When infants are crying:

1. Remember, they are too young to understand requests.
2. Make up your mind that you are there to help the baby, not necessarily to stop the baby from crying.
3. Just because it is night does not mean the baby turns off or switches to your schedule.
4. Check to make certain the baby's basic needs are met:
   a. Is the baby hungry?
   b. Does the baby need to be burped?
   c. Is the baby's diaper wet or dirty?
   d. Is the baby's clothing comfortable?
   e. Is the baby crying to release stress?
   f. Does the baby want to be held?
   g. Is the room too warm or too hot?
   h. Is the lighting appropriate for the baby?
5. Is the baby ill?
   a. Does the baby have a temperature?
   b. Are the baby's gums swollen or red due to teething?
   c. Are the baby's ears warm to the touch, or is there drainage?
   d. Is the baby vomiting?
   e. Does the baby have diarrhea?
   f. Could the baby have allergies?
6. Could the baby have colic?
   a. Does the baby pull his/her legs up to the stomach and release them in jerking motions?
   b. If the baby is breast fed, has the mother eaten something to upset the baby (onions, garlic, broccoli, cauliflower, lettuce, high intake of dairy products)?
   c. Is the baby eating the correct formula?
   d. Is it time to introduce solid food into the baby's diet?

When caregivers are tired:

1. They are at high risk for losing control.
2. It is natural to feel frustrated when crying occurs.
3. When the baby is crying, choosing options for dealing with the crying are not easy to see or think of, so plan what you will do to keep from losing control before you are faced with the situation.

# COPING WITH CRYING

1. Walk with the baby.
2. Rock the baby.
3. Dance with the baby.
4. Bounce the baby gently in your arms or on your knee.
5. Take the baby for a stroller ride.
6. Take the baby for a ride in the car.
7. Let the baby sit in a baby swing.
8. Provide white noise for the baby (radio or vacuum).
9. Divert the baby's attention with a toy.
10. Sing to the baby.
11. Rub the baby's back.
12. Massage the baby with a warmed lotion.
13. Wrap the baby snugly in blankets (swaddle).
14. Feed the baby.
15. Burp the baby.
16. Give the baby a pacifier.
17. Turn off the lights and gently rub the baby's back.
18. Let someone else tend the baby for a while.
19. Turn on the television so the baby can look at it for a few minutes.
20. Take the baby outside for a breath of fresh air.
21. Turn on a music mobile or music box.
22. Change the baby's diaper.
23. Give the baby a warm bath.
24. Lay down and place the baby on your stomach/chest and rub his/her back.
25. Make sure the temperature of the room is comfortable.
26. After checking to make sure the baby is not hungry, wet, or in danger, place him/her in the crib, close the door, and call a friend to talk for a minute. Be sure to check the baby at least every ten minutes.

**UNIT:** Growth and Development **LESSON:** Neonate--Physical
**TIME:** 2-3 days

## COMPETENCIES:

Identify the physical needs of the neonate and explain how to provide for those needs (feeding, diapering, breast feeding). (Options 2, 3, 4, 5, 6, 7, 8, and 9)

## INTRODUCTION:

Have students find out why their parents selected their name. Share the information with the class.

## MOTIVATOR:

Show the class several pictures of happy, smiling babies, as seen in any magazine (the perfect little Gerber babies). As you show them several different pictures, talk about how much fun babies are and how cute their little fingers and toes are. Really ham it up until the class is "oohhing" and "aaahhhing" with you. Then hold up a picture of a newborn baby--the way they look immediately after birth--all wrinkled and red. Discuss with the class how the physical aspects of a neonate may be a bit shocking to new parents. There are many things that must be learned by the parents of a neonate.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Dressing

OPTION 2--Competency 1
BABY SUPPLIES: Review the information "DRESSING UP." If possible, bring the items into the classroom with prices tagged on them with stickers (or use a catalog). This allows you to display the item as you discuss the use and purpose. Have students complete the worksheet, "DRESSING UP LISTENING GUIDE."

OPTION 3--Competency 1
DEBATE: Have students debate the use of cloth or disposable diapers, using the role play "Blake and Laurie." Allow the students to express their ideas, concerns, and feelings concerning one type of diaper. You may want to have them read an article concerning this issue before beginning the debate. They must choose which side they support. Time permitting, you may invite a guest speaker from a diaper service to speak to the class.

OPTION 4--Competency 1--**CDA I, 2-Health**
FEEDING INFANTS: Share this basic information with the students.

OPTION 5--Competency 1
FEEDING GRAFFITI: Divide the class into small groups and have them make lists of the advantages and disadvantages of breast and bottle feeding. (See teacher information, "Breast/bottle Feeding Activity.")

OPTION 6--Competency 1
OPINION PAPER: Have students write an opinion paper expressing their views on breast/bottle feeding.

OPTION 7--Competency 1
NEEDS FOR THE NEONATE: Review the information "Additional Needs for the Neonate" with the class.

OPTION 8--Competency 1
BABY CARE: Demonstrate how to properly and safely bathe, diaper, and dress a baby using a doll. Newborn or six-week-old baby models are available to purchase through Childbirth Graphics. To request a free Childbirth Graphics catalog, call 1-800-299-3366 or FAX 1-817-751-0221. You may prefer showing a video rather than demonstrating.

OPTION 9--Competency 1
VIDEO: Show students the video, "Birth and the First Four Weeks." (See teacher information "Birth and the First Four Weeks" for an overview of the video.)

OPTION 10--Competency 1
NEONATE MOTOR DEVELOPMENT: Review "Characteristics of Motor Development" with the class.

# DRESSING UP

A new baby is cute, exciting, and expensive. Today we will discuss some of the basic needs for the newcomer.

The most obvious need is clothing. Since baby's spit up and dirty lots of diapers (that usually leak), you will need several sets of clothing for the baby. Diapers usually head the list of baby needs. There are three basic options for diapering your baby:
1. Disposable diapers.
2. Cloth diapers.
3. A diaper service.

Each option has its advantages and disadvantages, but the decision of which type of diapers to use may not be as simple as you think. Before you make a decision on what kind of diapers you would use, remember that diaper rash is caused by HEAT and MOISTURE. When babies are not changed frequently, the heat and moisture of their elimination causes diaper rash. Diaper rash can be prevented by changing diapers often and keeping the skin clean and dry. If a baby has diaper rash, allow air to come in contact with the area by allowing the child to go without a diaper for a short time and use a diaper rash ointment such as zinc oxide. Be sure you select a diaper with the baby's best interest in mind.

## CLOTH DIAPERS

If you want to use cloth diapers, you will need to invest in four dozen cloth diapers and four diaper guard pants. Keep in mind that there are different types of cloth diapers: flat, fitted, and folded.

Advantages:
1. Lower cost than disposable diapers.
2. Environmentally sound.
3. More apt to change infant frequently so less chance of diaper rash and more comfortable.

Disadvantages:
1. Takes more time and energy to care for.
2. Need a diaper pail and diaper guards.
3. Some argue that the chemicals in the detergents used to wash the diapers may make them as environmentally hazardous as disposable diapers.
4. Make traveling long distances difficult due to storage of the diaper.
5. Available in limited assortment of colors and sizes.
6. Plastic diaper guards are also required to keep the baby as dry as possible.

DISPOSABLE DIAPERS--show and discuss the different types of diapers available

Advantages:

1. Easy to care for.
2. Available in a wide variety of colors, sizes, and types.
3. Traveling with a child in diapers is easier.

Disadvantages:

1. Costs a great deal more money than cloth diapers.
2. Environmentally unsound--swamping the land fills.
3. Less apt to change the infant frequently--causes diaper rash.

DIAPER SERVICES--Check your local diaper service. Review the contract with the students.

Advantages:

All the advantages of cloth diapers with many of the advantages of disposable diapers.

Disadvantages:

Cost more than caring for cloth diapers individually but much less than disposable.

Now you have a baby and have selected the type of diapers you will use, here are a few diapering tips:

1. Have all the diapering items near the changing area.
2. Wipe away from the genitals to prevent infection and get the area completely clean.
3. Clean the skin with warm water and a soft wash cloth, making sure to clean in all the folds of the skin.
4. Rinse and pat the area dry, making sure to dry in all the folds of the skin.
5. Diaper the baby. (Teacher: show the class how to use both types of diapers.)

Once the diapering needs have been solved, there are additional physical needs. The baby will need clothes. For the first few weeks, even in the summer, a baby needs an undershirt. These will get wet usually about as often as a diaper, so be prepared to do lots of laundry, or buy lots of undershirts! Most people recommend buying about seven undershirts.

Each year brings new trends to baby clothes. One newborn boy received a pair of knitted cowboy boots and a pair of baby Wrangler jeans. Sounds cute, but is that what you want. The baby's feet would be comfortable, but new denim jeans certainly wouldn't be comfortable for the baby, no matter how cute they looked. You should think of the baby's comfort, not just fashion. One-piece footed sleepers are favorites of babies. You do not need to bother with socks, and there are no shirts to pull down or pants to pull up. They are easy for the parent and comfortable for the baby. They can also be bought in fairly large sizes since the leg length does not matter to the baby. Babies can wear these sleepers night and day. However, if you wish, gowns, fancy clothing, and official pajamas may be purchased for the baby.

Warmth is vital to a baby. Remember, it has just come from a very cozy environment! You will need several receiving blankets, a heavy blanket or quilt for the baby, and a sweater and hat. The basic rule for keeping the baby warm is to have the baby wear one more layer of clothing than you would. So, if it's a nice day and you are in shirtsleeves, the baby probably needs to wear a sweater.

Dressing the baby is fun. Just remember, babies lay down all the time. Would you like to lay with a gigantic bow sticking in your back or stomach? How about a belt poking in your tummy while you are trying to rest? Think more of the baby's comfort than how he/she looks.

Name ______________________ Hour ______________

# DRESSING UP LISTENING GUIDE

1. Explain what causes diaper rash.
2. Explain how to prevent diaper rash.
3. Explain how to treat diaper rash.
4. Advantages of cloth diapers:

   Disadvantages of cloth diapers:

5. Advantages of disposable diapers:

   Disadvantages of disposable diapers:

6. Define or explain what a diaper service is and does:

   Advantages:

   Disadvantages:

7. General diapering tips:
8. What is the most important thing to consider when purchasing baby clothes?
9. What is the rule for keeping a baby warm?
10. Why must a baby have so many clothes?

# BLAKE AND LAURIE

Blake and Laurie are about ready to have their first child. They both have strong AND differing opinions concerning the diapering style they will use. Blake wants to use disposable diapers. Laurie feels that they should use cloth diapers and a diaper service.

Blake: "There is no way on earth I would use cloth diapers or a diaper service. With cloth diapers, you have to wash them and deal with a poopy mess. It's bad enough to have to change the baby's poopy, stinky diapers let alone to have to rinse it out and look at it and smell the mess again. Why would anybody use cloth diapers? Disposable diapers are much better. They are convenient, have fun little characters on them, and have built-in straps so you don't have to mess around with pins. Best of all, once the diaper has been used, you can throw it away and never have to worry about it again."

Laurie: "Cloth diapers are the best if you really care about the baby's future. Those awful disposable diapers are sitting in our landfills, polluting our land and our earth. They harm the environment in every way! Cloth diapers do not cost any money once you buy them, and you don't have to keep changing sizes as the baby grows--you can just fold the diaper larger!"

# FEEDING INFANTS

Not long after clothing the infant, you will hear some cries of hunger from the baby. Now what? You can't give a baby a Coke and a Snickers bar!

There are three basic options for feeding an infant:

1. Breast feeding.
2. Bottle feeding.
3. A combination of breast and bottle feeding.

An infant's feeding schedule will vary during the first year. The following are the average feeding schedules for the different ages:

| | |
|---|---|
| 0-3 months | An infant will eat every three to four hours, including a 2:00 a.m. or 3:00 a.m. feeding |
| 3-5 months | An infant will eat every five hours with an 11:00 p.m. and 5:30 a.m. feeding. |
| 6 months | An infant will eat every six hours without any feeding during the night. |

As you can see, this feeding routine will take some time and work. It is good to carefully weigh the options of how you will feed your baby.

## BREAST FEEDING

During pregnancy, the breasts enlarge with the development of a network of milk-producing glands and ducts to carry milk to the nipple opening. After birth the pituitary gland produces a hormone called PROLACTIN. Prolactin is what produces the milk. When the infant nurses, more prolactin is produced. The more an infant nurses, the more prolactin is produced and, therefore, more milk is produced. It works similarly to the law of supply and demand.

OXYTOCIN is another hormone that is released that causes the tiny muscle cells around the milk glands to contract and eject the milk into the ducts and out through the nipple. This is called the let-down reflex. This let-down reflex can be triggered by just hearing the cry of an infant or even the thought of the infant. Remember--it's a reflex and is difficult to control.

After the baby is born, colostrum, not milk, is first produced by the mother's body. Colostrum is a thick watery looking premilk fluid that is produced by the breast the first few days of breast feeding before the milk "comes in." Colostrum is extremely high in protein, vitamins, and minerals and has a large amount of antibodies, white blood cells, and other immunological properties. It is also low in fat and lactose (milk sugar).

Advantages of breast feeding:

1. Breast milk contains the right proportions of protein, carbohydrates, fats, vitamins, minerals, and water that the baby needs.
2. Breast milk is easy for the baby to digest.
3. Breast milk is always ready; there is no mixing, sterilizing, or warming.
4. Parents are not tempted to overfeed the baby. (Over feeding results in abdominal cramps and loose stools and may set the stage for obesity.)
5. Babies fed entirely on breast milk are seldom constipated.
6. Breast-fed babies have fewer digestive upsets and disorders, skin disorders, and respiratory infections as compared with formula-fed babies.
7. Vigorous sucking required for breast feeding usually satisfies the need for sucking and promotes good development of facial structures.
8. Mother's immunities to certain diseases are passed to the baby through the colostrum (a liquid that comes from the breasts for two or three days after delivery).
9. Breast feeding is advantageous to the mother because nursing stimulates hormones to be released that help the uterus contract to normal size.

Disadvantages of breast feeding:

1. Illnesses and stresses of the mother can limit milk supply.
2. Other caregivers may not assist with feeding the infant as often.
3. The mother may feel reluctant to feed a hungry infant if others are present.
4. Mother's diet affects milk and therefore must be watched closely.
5. Mother's milk lacks iron and fluoride. Iron-fortified foods must be added to a breast-fed baby's diet after the baby triples his/her birth weight.

Many people think that a mother who works out of the home cannot breast feed. Have the students discuss this idea. Explain how a breast pump works and how it relates to the supply of the breast milk. Breast feeding is indeed possible for working mothers!

FORMULA FEEDING:
Formula feeding is used by many people. This is one of the best ways to involve the father in the feeding process. A breast-fed baby cannot be fed by his/her father in the middle of the night! Some women have medical problems that prevent them from breast feeding a baby. Other women make a conscious choice to bottle feed a baby.

Advantages of formula feeding:

1. Formulas are similar to breast milk.
2. Formulas have iron; breast milk is low in iron.
3. Bottle feeding makes it easier to be away from home.
4. Because non-nursing mothers do not need as many calories, it is easier for them to return to a prepregnancy size.
5. No nursing pads or special brassieres are needed.
6. There are no worries about an inadequate supply of milk.
7. Formula is not affected by the mother's diet, illnesses, or medications.
8. Anyone can help feed the baby. Feeding the baby may help fathers and others develop a good relationship with the baby.

Disadvantages of formula feeding:

1. Formula may be more difficult for some infants to digest.
2. Preparation time to sterilize and prepare the formula and equipment is required.
3. Formula feeding is more expensive.

An infant should never be left with a bottle propped up by a pillow or blanket. Feeding time is a vital time in which one-on-one interaction and bonding take place. An infant should be held gently in your arms during feedings. Leaving an infant with a bottle in its mouth to fall asleep can also cause tooth decay later on in life.

It is important that you clean a bottle and nipple with HOT, SOAPY water after each use. Over time, the rubber in the nipples begins to stretch, enlarge, and even break and/or crack; therefore, they need to be checked often and discarded if there are problems. Mixing the formula correctly is also vital to the infant's development and health. Too little formula means too few nutrients. Too much formula can affect the fluid balance in the body and even cause dehydration.

Infants have a strong desire and need to suck. Sucking is the primary means by which they are fed for the first 6 months of life. However, most babies have a need to suck even beyond sucking a bottle or at the breast. This need is called nonnutritive sucking and is met with the use of a pacifier or thumb or finger. In the past, pacifiers and thumb or finger sucking was considered unnecessary and even harmful by many parents and critics. The American Academy of Pediatrics says that pacifiers and thumb or finger sucking are not harmful in any way as long as they do not replace or delay meals. They should be used just after or between feedings. Infants should not learn to fall asleep with a pacifier because they learn to rely on them, and when the pacifier falls out during their sleep and they are unable to put it back in their mouth, they need a parent to put it back in for them. Never use a nipple from a bottle as a pacifier, because they may be harmful and cause the infant to swallow and suck air. Pacifiers should be one piece, have a ring that is at least 1 1/2 inches across, have ventilation holes, and be dishwasher safe. Pacifiers come in many different nipple shapes and sizes. There are many different nipple shapes and sizes of pacifiers. (Teacher: have some different types and sizes of pacifiers to show the students.)

During feeding, an infant takes in a certain amount of air. This air eventually turns into a bubble in the stomach. Because the infant's stomach is small, the air bubble causes pain and therefore needs to be released. Breast-fed infants seem to need a bit less burping than bottle-fed infants do. This is mainly due to breast milk being easier to digest. Often an air bubble is caused by the stream or flow of the milk from a bottle being too fast OR too slow. Either way, the infant takes in too much air. To check a bottle's flow, turn it upside down and time the drops. There should be one drop per second. If the flow is slower than that, the hole can be made larger. If the flow is faster than one drop per second, it should be discarded. (Teacher: have a bottle with some water in it to demonstrate this idea.)

A breast-fed infant should be burped twice: once after nursing from each breast. A bottle-fed infant should be burped after every two ounces. However, do not stop feeding an infant that is contentedly eating just to burp him/her. When he/she needs to be burped, he/she will stop feeding.

To burp an infant, gently rub and pat its back. The infant can be placed in one of three positions: resting over the shoulder, lying down across your lap with its stomach down, or sitting on your lap facing one side with one of your hands supporting its chest and the other rubbing and patting its back.

An infant's circular or sphincter muscle, which is between the stomach and esophagus, is not very well developed; therefore, milk often will slip back up after a feeding. Spitting up is different than vomiting. When an infant spits up, the contents of the stomach simply drizzle or dribble out of his/her mouth. When an infant vomits, the contents of the stomach actually project a few inches into the air. If an infant vomits and appears to be ill, a physician should be consulted.

To lessen the problem of spitting up, there are several suggestions to try: feed the infant more slowly and burp him/her more frequently, feed the infant in a more restful and relaxing setting, or hold the infant in a more upright position.

# BREAST/BOTTLE FEEDING ACTIVITY

Divide the class into groups of four. Give two of the groups one large sheet of newsprint labeled "Breast Feeding Advantages" and one labeled "Breast Feeding Disadvantages." Give the other two groups one large sheet of newsprint labeled "Bottle Feeding Advantages" and one labeled "Bottle Feeding Disadvantages." Each group will need a marker.

Have the students brainstorm and discuss the advantages and disadvantages to the method of feeding that their group was assigned. The focus is on the infant and, therefore, the group's advantages and disadvantages are to be regarding the infant. The students should list their ideas on the sheets of newsprint.

If the students need help thinking of ideas, have them use a child development text or provide them with resources.

After the students have discussed and listed their ideas (which should take about 20-30 minutes), display their lists and discuss the pros and cons and the myths and facts of what they listed. Make sure to discuss the following:

1. What should a person do if they are taking drugs or medication after the baby is born?
2. How long does a person breastfeed a baby?
3. The importance of the sense of touch and holding a baby regardless of whether it is breastfed or bottlefed.

# ADDITIONAL NEEDS FOR THE NEONATE

If you were having a special guest come to stay at your home for a week or two, what would be one of your first concerns? You would probably wonder where the guest would sleep and what he/she would sleep on. Well, when a baby arrives, you will be having a special guest for many years, and you will have the same things to think about. Where will the baby sleep? In what will the baby sleep?

It is fun to keep the baby in your bedroom, in a small bassinet for the first couple of weeks, but as everyone adjusts to the situation, the baby should be moved into his/her room and a crib. There are all types of cribs. Many thrifty parents will borrow a crib from friends or family members who are not currently using their cribs. Others will spend hundreds of dollars for an ideal nursery crib. It really doesn't matter to the baby as long as the crib is safe. The slats on the crib should not be more than 2 1/2 inches apart. Many older cribs do not meet today's standards. SAFETY IS THE FIRST RULE IN SELECTING A CRIB! Make sure the crib will provide a comfortable, safe place for your baby to rest.

Inside the crib, you will need a mattress, crib sheet, light weight blankets, heavy blankets, mattress pad and a bumper pad. A caution should also be given on selecting bumper pads. There are many beautiful bumper pads. Just make sure that the pad fastens securely to the sides and that there is no way the baby could get his/her head caught or entangled anywhere between the bumper pad and the crib.

Babies have some additional special needs:

Blunt-tipped nail clippers are easier to use when trimming the baby's nails.

Cotton swabs are handy for cleaning all the little crevasses and skin folds a newborn baby has.

A rectal thermometer is useful for those inevitable times when the baby will be ill.

A soft brush and small comb are nice for grooming a very soft scalp.

Many parents encourage babies to suck a pacifier. This is a personal choice. There are many, many styles of pacifiers available. This is another decision you will have to make, as a parent.

Current law states that children under five years of age must be placed in a certified child restraint when traveling. This may seem like a huge expense at first, but training your baby from birth to ride in a car seat could possibly save his/her life. (Besides, it's the law!) Many hospitals or health centers have car seats for parents to use or rent until they purchase one of their own.

A stroller may seem optional to you as all these newborn costs begin to add up, but as the baby grows, a quality stroller becomes a basic necessity. It is good for the baby to be outside and see new and interesting things.

A final baby necessity is a functional diaper bag. Just forget to take this important bag with you and you'll find out how important it is. It holds food, toys, a change of clothing, diapers, pacifiers, your wallet, and usually several other things. Dad's look great carrying diaper bags around. It shows they are proud of their baby and have an active roll in caring for the child.

## BIRTH AND THE FIRST FOUR WEEKS

| MINUTES | |
|---|---|
| 0-2 | Introduction--this video will show three births--two vaginal |
| 2-4 | Prenatal information, one c-section |
| 4-5 | Labor |
| 5-6 | Physician with 10 day-old newborn |
| 6-10 | Epidural birth |
| | Anesthesiologist discussion on epidural |
| 10-12 | Actual birth |
| 12 | Stitching of episiotomy |
| 12 | Immediate examination of newborn |
| 13-15 | Completely natural childbirth |
| 16-19 | C-section childbirth |
| 19 | Clean-up of baby |
| 20 | Newborn--incubator |
| 21 | Bonding |
| 21 | Breast feeding |
| 22-23 | Formula fed babies |
| 24 | Crying |
| 25-26 | When to seek medical attention |
| 26 | Bathing |
| 27 | Care of umbilical cord and circumcision |
| 28 | Clearing nasal passages<br>medication<br>jaundice |
| 29 | Blood tests |
| 30 | Safety--preventing accidents |
| 31-38 | First newborn check |
| 38 | Family bonding--baby home with family |
| 39-54 | Two-week postnatal doctor visit |
| 54-57 | Postpartum visit |
| | Summary, ending |

# CHARACTERISTICS OF MOTOR DEVELOPMENT

1. Eyes are closed most of the time.
2. The mouth is active--yawns, sneezes, quivers, hiccups.
3. The entire body moves.
4. Breathing is irregular.
5. Lifts head briefly when lying on stomach.
6. Curls up in prenatal fashion.
7. Responds to loud noises.
8. Flinches at light.
9. Moro, Darwinian (grasping), and Babinski reflexes present at birth but disappear.
10. The head wobbles and jerks about if unsupported.

11. The more discomfort a baby feels, the more movements he/she makes.

**UNIT:** Growth and Development **LESSON:** Neonate--Safety
**TIME:** 1 day

**COMPETENCIES:**

Identify safety concerns related to the neonate. (Options 2, 3, 4, 5, and 6)

**OVERVIEW/SUMMARY:**

Safety for the neonate is of primary concern. Many changes must be made in the lives of active adults to make their world more safe for a baby. TEACHER NOTE: Share stories you have experienced or heard concerning safety.

**MOTIVATOR:**

Have students respond to the following true/false questions concerning safety for neonates:

1. Before any product intended for use by a neonate is manufactured, it must be proven safe for the child.
2. Before bringing the baby home from the hospital, you will be trained in safety procedures for the neonate.
3. You should never allow neonates to cry.
4. It will add to the child's sense of security to use baby furniture that belonged to older family members.

Discuss the answers:

1. People should buy only products that are marked with a special marking indicating that a product is safe for neonates. Unfortunately, all products are not high quality and are not safe for the baby.
2. The hospital will tell you very little about the care of the newborn. You must watch and be aware of safety-proofing your home.
3. Crying is healthy for a baby. Do not let the baby cry for long periods of time, but do not be afraid of his/her cries, either.
4. Be very careful when using old baby furniture. New safety codes are much more strict than old codes that allowed many children to be hurt. Make certain your child has safe, quality furniture.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: What Are Babies Like?

OPTION 2--Competency 1
Use the INFANT SAFETY AND EQUIPMENT STUDY GUIDE to discuss safety and equipment needs of infants. Have pictures or actual equipment to show the students.

OPTION 3--Competency 1
SHAKING AND TOSSING: Invite a guest speaker from Social Services, a hospital, or Health Department to talk to the class concerning shaking and tossing infants and the damage they can cause. You may also wish to share the SHAKING AND TOSSING HANDOUT included in the teacher information. There is a KTVX Cover Story, "Handle with Care." Contact the Cover Story producer at the KTVX station at 1-801-975-4400 for information on how to receive a video copy.

OPTION 4--Competency 1
CHILD SAFETY SEATS: Invite a guest speaker from the Health Department or Highway Patrol to discuss the laws and importance of car safety restraints. The Health Department should have the video, "THE LOVING CONNECTION: CHILD SAFETY SEATS," as well as pamphlets and posters. You may get information about getting a video of your own by calling 1-916-657-7202.

OPTION 5--Competency 1
VIDEO: View the video "Baby Talk," $24.95, available through Childbirth Graphics or from Cambridge.

OPTION 6--Competency 1
GUEST SPEAKER: Contact your local health department to come do the presentation "Don't Shake the Baby" for your class.

OPTION 7--Competency 1
SAFETY BROCHURE: Divide the class into small groups and have each group design a safety brochure for parents. They can focus on a single safety precaution or generalize and discuss general safety.

# INFANT SAFETY AND EQUIPMENT STUDY GUIDE

In order to protect citizens from faulty and unsafe merchandise, the United States has formed the Consumer Product Safety Commission or the CPSC. This commission is mandated by Congress to monitor the market for hazardous products and to enforce government-set safety standards. Playpens, strollers, carriages, high chairs, carrier seats, and changing tables are subject to federal regulation only of small parts, sharp points, and sharp edges. The CPSC works with consumers and manufacturers to gather product safety data, conduct tests, and initiate needed changes in product design.

In addition, there is the Juvenile Product Manufacturers Association (JPMA). This is an industry trade association that maintains a Product Safety Certification Program for certain products. Manufacturers seeking JPMA certification (a seal on the product itself or on the packaging, instructions, or purchase display case) must submit their product for testing in compliance with safety standards set by the American Society for Testing and Materials. Tests are repeated four times a year, with products and results given to an independent lab for retesting and inspection.

The CPSC continually evaluates products. If it finds a potential hazard or danger, it requires the manufacturer to correct it or recall it. If a recall is made, the information is sent to the media, health departments, and stores carrying children's equipment. Most children's and parent's magazines have a section listing any recalls. Show the students a section from one of these magazines or newspapers.

If the registration card has been correctly completed and sent to the manufacturer, the manufacturer will send you notification of a recall. Show the students a copy of an information/registration card that they may find when purchasing a piece of equipment. Discuss how important it is to complete this card and sent it back to the manufacturer.

Even though these organizations are formed and operated for our safety, we, as consumers, must also do our part in maintaining a safe environment for young children. Some general safety tips include:

1. To ensure that a piece of equipment is safe, consider the manufacturer's recommendations concerning age, size, and weight. The equipment was made with a child's safety in mind.
2. If you have second thoughts about whether a repaired piece of baby equipment is as durable as new equipment, discard the item.
3. Always follow the manufacturer's instructions for use and assembly of baby equipment. If no instructions are present, contact the manufacturer for a copy.
4. Be sure to pay attention to the manufacturer's warning label. Keep all labels in a place where you can refer to them as needed.
5. Never leave a child alone with any product, other than the crib.
6. Never leave a child in a mesh playpen with the drop side down.
7. Always use a car seat, never a carrier seat in a seat belt.

As you think about bringing a baby home from the hospital, what is the first piece of equipment you think you will need? (Let the class brainstorm pieces of equipment they think are necessary.) A general survey of parents and caregivers revealed the following list of essential or necessary equipment:

1. Approved car seat
2. Car seat cover and head rest
3. Crib
4. Stair gate
5. Bottles
6. Stroller
7. High chair
8. Diaper bag
9. Chest of drawers

There are many additional pieces of equipment that are nice to have:

1. Baby pack
2. Bassinet
3. Pacifier
4. Playpen
5. Infant seat
6. Lamp/night light
7. Mobiles and decorations

The following items are considered luxury items to most parents:

1. Baby bathtub
2. Jump seat
3. Changing table
4. Infant swing
5. Crib Cuddle/Hammock
6. Breast pump

You may be wondering where baby powder, baby lotion, ointments, creams, etc., should be listed. Many doctors today say that these items are not helpful to the baby. For example, baby powder tends to get into the baby's lungs and causes problems, and baby lotion clogs the pores and irritates the skin. These are items you probably won't want to use, unless a doctor recommends them.

Many safety standards have been identified for specific pieces of equipment. The most common ones are listed on the next page.

CRIBS

CAUTION: If you plan to use a crib made before 1974, when safety standards were set, inspect it carefully to ensure it meets the current safety standards.

1. Slats should be spaced no more than 2 3/8" apart.
2. Slats should be in good repair.
3. Corner posts should be no higher than 1/16".
4. There should be no cutouts in the foot board or headboard that would allow the baby's head to become trapped.
5. Mattress should fit snugly with a space of less than two fingers' width between the mattress and crib sides.
6. The sides should be securely held in raised position by drop-side latches that your baby cannot release.
7. All screws and bolts should be in place and tight.

STROLLERS

1. To prevent tipping, the base should be wide and sturdy.
2. Make sure coil springs or X-joints are not exposed.
3. Brakes should securely lock the wheels.
4. If there is a shopping basket, it should be located on the base or over or directly in front of the rear wheels.
5. To prevent accidental folding or collapsing, a latching device must be latched.
6. Make sure you have an easy-to-fasten seat-belt buckle that cannot be opened by your baby.

CARRIERS

1. For stability, your carrier should have a wide and sturdy base.
2. To prevent sliding, look for nonskid feet.
3. An easy-to-fasten buckle that your baby cannot open should be present on the crotch and waist straps. All straps should be securely attached.
4. Supporting devices should lock securely.
5. There should be no cracks, tears, or holes in the base or cushion.

PLAYPENS

1. In older playpens only, wooden slats should be spaced no more than 2 3/8" apart and in good repair.
2. Mesh sides should have openings of 1/4" and be woven; no loose threads or tears.
3. Mesh should be attached securely to the floor of the playpen and the top rail.
4. There should be no tears, holes, or cracks in the rail at the top.
5. The drop-side model has a warning label against leaving the playpen in a side-down position.
6. All bolts, staples, and screws should not be visible but should be secure.

## HIGH CHAIRS

1. Strong waist and crotch straps attached securely to the seat instead of the tray.
2. The fastener should be easy to buckle but not easy enough to be opened by your baby.
3. Tray should be free of cracks.
4. Tray should lock securely.
5. Sturdy and wide base for stability.
6. There must be a locking device if the chair folds or collapses.
7. Caps or plugs need to have tubing firmly attached to them.

## SWINGS

1. Strong, stable base.
2. Long-running mechanism.
3. Music box is nice but not necessary.
4. Safety straps.

## CAR RESTRAINTS

CAUTION: In the last few years, many models and brands of car seats have been modified or recalled. For recall information, call the National Highway Traffic Safety Administration, which enforces and sets the carseat regulations, at 1-800-424-9393.

1. Must meet federal crash standards.
2. If the restraint has been in an accident, do not use it.
3. Make sure it is appropriate for your baby's weight and size.
4. Should be compatible with the car's seat belt route and fit in the car properly.
5. Restraint straps should be easy to use and securely attached.

## BABY WALKERS

The Canadian Medical Association has recently placed a ban on the sale of all walkers due to recent research. Since the 1980s, more babies have been injured in walkers than in any other type of baby equipment. The main causes of injury are toppling, accidental rolling down an ungated staircase, and getting fingers pinched or trapped in the assembly mechanism. Walkers cause infants to irregularly use their hip joint. They give a false sense of balance and locomotion. Walkers also cause what is known as "walker feet," which is when a child walks on their toes and leans forward more than normal as they walk. There is no evidence that children who use walkers learn to walk any faster than those who do not use them.

Name ______________________________ Hour ____________

# INFANT SAFETY AND EQUIPMENT LISTENING GUIDE

1. What is the U.S. Consumers Product Safety Commission (CPSC)?
2. What is the Juvenile Product Manufacturers Association (JPMA)?
3. List several general safety tips regarding articles used in the care of infants.
4. How are recalls of a defective product made?
5. Make a list of essential equipment for child care.
6. Make a list of desirable equipment for child care.
7. Make a list of luxury equipment for child care.
8. Make a list of unnecessary equipment for child care.
9. What are the safety standards for cribs?
10. What are the safety standards for strollers and carriages?
11. What are the safety standards for carrier seats?
12. What are the safety standards for playpens?
13. What are the safety standards for high chairs?
14. What are the safety standards for baby walkers?
15. What are the safety standards for a baby swing?
16. What are the safety standards for car restraints?

# INFANT SAFETY AND EQUIPMENT LISTENING GUIDE--KEY

1. What is the U.S. Consumers Product Safety Commission (CPSC)?
   **Consumer Product Safety Commission**

2. What is the Juvenile Product Manufacturers Association (JPMA)?
   **As association that maintains a Product Safety Certification Program for certain products. Products that are approved will display the seal on the product. (See JPMA Transparency)**

3. List several general safety tips regarding articles used in the care of infants.
   - **a. To ensure that a piece of equipment is safe, consider the manufacturer's recommendations concerning age, size, and weight. The equipment was made with a child's safety in mind.**
   - **b. If you have second thoughts about whether a repaired piece of baby equipment is as durable as new equipment, discard the item.**
   - **c. Always follow the manufacturer's instructions for use and assembly of baby equipment. If no instructions are present, contact the manufacturer for a copy.**
   - **d. Be sure to pay attention to the manufacturer's warning label. Keep all labels in a place where you can refer to them as needed.**
   - **e. Never leave a child alone with any product, other than the crib.**
   - **f. Never leave a child in a mesh playpen with the drop side down.**
   - **g. Always use a car seat, never a carrier seat in a seat belt.**

4. How are recalls of a defective product made?
   **Information is sent to the media, health departments, and stores carrying children's equipment. Many parent's magazines have a section listing recalls.**

5. Make a list of essential equipment for child care.
   - **a. Approved car seat**
   - **b. Car seat cover and head rest**
   - **c. Crib**
   - **d. Stair gate**
   - **e. Bottles**
   - **f. Stroller**
   - **g. High chair**
   - **h. Diaper bag**
   - **i. Chest of drawers**

6. Make a list of desirable equipment for child care.
   - **a. Baby pack**
   - **b. Bassinet**
   - **c. Pacifier**
   - **d. Playpen**
   - **e. Infant seat**
   - **f. Lamp/night light**
   - **g. Mobiles and decorations**

7. Make a list of luxury equipment for child care.
   - **a. Baby bathtub**
   - **b. Jump seat**
   - **c. Changing table**
   - **d. Infant swing**
   - **e. Crib Cuddle/Hammock**
   - **f. Breast pump**

8. Make a list of unnecessary equipment for child care.
   **Baby powder, lotion, ointments, creams, etc.**

9. What are the safety standards for cribs?
   - **a. Slats should be spaced no more than 2 3/8" apart.**
   - **b. Slats should be in good repair.**
   - **c. Corner posts should be no higher than 1/16".**
   - **d. There should be no cutouts in the foot board or headboard that would allow the baby's head to become trapped.**
   - **e. Mattress should fit snugly with a space of less than two fingers' width between the mattress and crib sides.**
   - **f. The sides should be securely held in raised position by drop-side latches that your baby cannot release.**
   - **g. All screws and bolts should be in place and tight.**

10. What are the safety standards for strollers and carriages?
    - **a. To prevent tipping, the base should be wide and sturdy.**
    - **b. Make sure coil springs or X-joints are not exposed.**
    - **c. Brakes should securely lock the wheels.**
    - **d. If there is a shopping basket, it should be located on the base or over or directly in front of the rear wheels.**
    - **e. To prevent accidental folding or collapsing, a latching device must be latched.**
    - **f. Make sure you have an easy-to-fasten seat-belt buckle that cannot be opened by your baby.**

11. What are the safety standards for carrier seats?
    - **a. For stability, your carrier should have a wide and sturdy base.**
    - **b. To prevent sliding, look for nonskid feet.**
    - **c. An easy-to-fasten buckle that your baby cannot open should be present on the crotch and waist straps. All straps should be securely attached.**
    - **d. Supporting devices should lock securely.**
    - **e. There should be no cracks, tears, or holes in the base or cushion.**

12. What are the safety standards for playpens?
    - **a. In older playpens only, wooden slats should be spaced no more than 2 3/8" apart and in good repair.**
    - **b. Mesh sides should have openings of 1/4" and be woven; no. loose threads or tears.**
    - **c. Mesh should be attached securely to the floor of the playpen and the top rail.**
    - **d. There should be no tears, holes, or cracks in the rail at the top.**
    - **e. The drop-side model has a warning label against leaving the playpen in a side-down position.**
    - **f. All bolts, staples, and screws should not be visible but should be secure.**

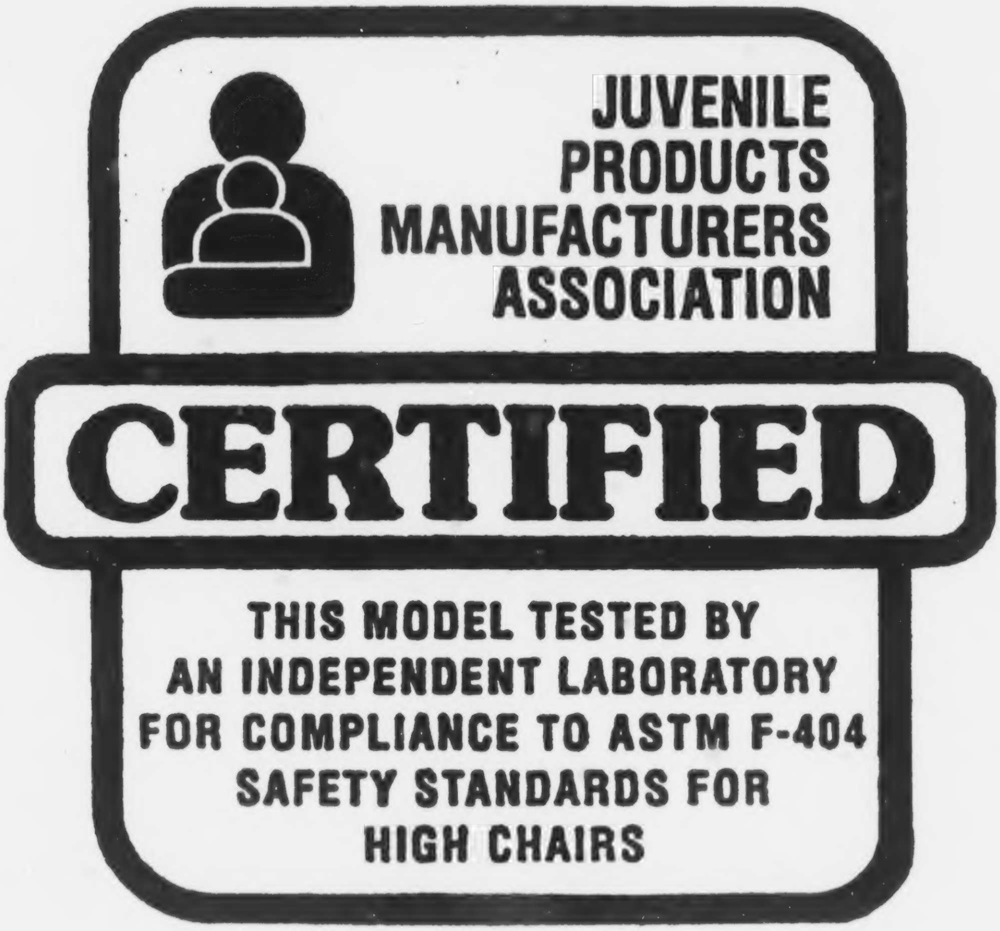
13. What are the safety standards for high chairs?
    - **a. Strong waist and crotch straps attached securely to the seat instead of the tray.**
    - **b. The fastener should be easy to buckle but not easy enough to be opened by your baby**
    - **c. Tray should be free of cracks.**
    - **d. Tray should lock securely.**
    - **e. Sturdy and wide base for stability.**
    - **f. There must be a locking device if the chair folds or collapses.**
    - **g. Caps or plugs need to have tubing firmly attached to them.**

14. What are the safety standards for baby walkers?
    **Canada has banned the manufacturing of baby walkers. However, if you insist on using one, it should not tip easily and should have bumpers to avoid injury to the child, and stairways must ALWAYS have a closed gate.**

15. What are the safety standards for a baby swing?
    - **a. Strong, stable base.**
    - **b. Long-running mechanism.**
    - **c. Music box is nice but not necessary.**
    - **d. Safety straps.**

16. What are the safety standards for car restraints?
    - a. **Must meet federal crash standards.**
    - b. **If the restraint has been in an accident, do not use it.**
    - c. **Make sure it is appropriate for your baby's weight and size.**
    - d. **Should be compatible with the car's seat belt route and fit in the car properly.**
    - e. **Restraints straps should be easy to use and securely attached.**

# JMPA TRANSPARENCY



**JUVENILE PRODUCTS MANUFACTURERS ASSOCIATION**

**CERTIFIED**

**THIS MODEL TESTED BY AN INDEPENDENT LABORATORY FOR COMPLIANCE TO ASTM F-404 SAFETY STANDARDS FOR HIGH CHAIRS**

## SHAKING AND TOSSING--Parenting Helps for the '90s

### TOSSING

Most parents enjoy the giggling and laughter of their children when they toss them into the air. Well-meaning parents frequently throw their child high in the air, and the child will scream in delight. IF THEY ONLY KNEW that their child's brain was violently striking against the inside of the skull!

The neck is very weak in small children and infants. The head, by contrast, is very heavy. The child's head snaps forward so that the chin actually hits the chest, and then snaps backward, impacting the child's neck against its back. The child's brain is being stretched back and forth while impacting front and back. This stretching motion ruptures the bridging veins of the brain, causing pressure on the brain, possible brain damage, and possible death.

DANGERS OF TOSSING CHILDREN:

- Damage to eyes
- Damage to brain
- Damage to neck

MEDICAL NOTE: If there are any questions about your child's well-being, please see your doctor as soon as possible. Tell your doctor everything. Your doctor cares about you and your child.

### SHAKING

In 1952, John Caffey, M.D., published detailed medical research alerting medical professionals to the dangers of shaking children. Included in this report was a special warning that "we" needed a massive public awareness program for parents to alert them to the dangers of shaking. Dr. Caffey concluded that shaking "may be a leading cause of mental retardation" and is "a leading cause of death" in our children. Identified medically as "The Infant Whiplash Syndrome," research shows us that danger is always present but most prevalent between birth and six years of age. Babies and infants are extremely at risk. Damage may occur to the neck muscles, neck vertebrae, spinal cord, and the brain.

SYMPTOMS TO LOOK FOR:

1. Child not able to lift head up
2. Head turned to one side
3. Pupils dilated or pinpointed
4. Pupils not reacting to light
5. Spots or pools of blood visible in eyes
6. Nausea/vomiting
7. Semiconsciousness
8. Seizures
9. Spasms
10. Child unable to turn head from side to side

HELPFUL HINTS

1. Always support the neck of infants, babies, and small children.
2. If you are upset, calm down before dealing with your child.
3. When playing with your child, never throw or toss the child.
4. Screen all babysitters carefully. Know their temperament.

(Information provided by For Kids Sake, Inc., an organization dedicated to the early recognition and prevention of child abuse through education. FOR KIDS SAKE, INC. P.O. Box 313, Lake Elsinore, CA 92330.)

**UNIT:** Growth and Development **LESSON:** Infants--Physical

## COMPETENCIES:

1. Analyze stages of physical development in infants. (Options 2, 3, 4, 5, 7, 8, and 9)
2. Develop age-appropriate activities for physical, cognitive, emotional, or social development in infants. (Options 2, 4, 5, and 8)

## OVERVIEW/SUMMARY:

During the first year of life, the infant will grow and develop dramatically. There is no other time during a human's life in which he/she grows and develops so rapidly.

## MOTIVATOR:

Have four or five different types of baby bottles sitting where the students can see them. Ask the students to quickly list all of the things that are different about the bottles and all of the things that are the same. Allow them just a few minutes to do this. Have them share their ideas with the class. Write their comments on the board. Relate this to infant development. Most of the needs of infants are the same: they need to eat, sleep, have their diapers changed often, etc. However, infants are individuals, having likes and dislikes, comforts and discomforts, happy moments and sad moments. While some infants like to take baths, others despise them. Some infants do not seem to mind having their diaper changed, while others do. During the next few days, we will be learning basic skills concerning infants' needs. It is important to keep in mind that infants, just like the bottles, are all similar, yet they are also varied and different.

## LESSON OPTIONS/SUPPLIES

OPTION 1
BOOK: Gregory, the Terrible Eater, ISBN #0-590-43350-4

OPTION 2--Competencies 1 and 2
VIDEO: Videos on growth and development from Discovery Toys.

OPTION 3--Competency 1--**CDA VIII, ECD**
THE FIRST YEAR: Have the students read from a text concerning growth and development during the first year of life. Have them complete the study guide "Development During the First Year of Life."

OPTION 4--Competencies 1 and 2--**CDA VIII, ECD and CDA VII, Observation**
REFLEXES: Use a text to explain the common infant reflexes. Discuss why infants have these reflexes and how they help an infant. After discussing reflexes, have the students complete the INFANT'S REFLEXES OBSERVATION. If possible, arrange for several infants to visit the class to demonstrate the reflexes and also the appearances of the infants. You may wish to have the observation be completed as an out-of-class assignment. TEACHER NOTE: You may also want the class to complete the observation on infants, found in the INFANTS--COGNITIVE lesson plan, Option #5, at the same time.

OPTION 5--Competencies 1 and 2--**CDA II, 4-Physical or VIII ECD**
MOTOR SKILLS: Use a text to discuss and identify how reflexes are replaced by motor skills or motor abilities. Discuss large or gross and small or fine motor skills, then split the class into several small groups. Have them brainstorm and list activities for infants that involve large motor skills and also those that involve small motor skills. Discuss each group's ideas. Emphasize the importance of offering infants many opportunities to develop both large and small motor skills.

OPTION 6--Competency 1
SOLID FOODS: Discuss the teacher information concerning starting solid foods.

OPTION 7--Competency 1
CLOTHING: Find an article of clothing is made of uncomfortable fabric and that has a small neck opening or difficult closure (for example, a small, scratchy wool turtleneck). Have two volunteers come to the front of the class. Volunteer #1 will put the article of clothing on Volunteer #2. Volunteer #2 may not help Volunteer #1 put the article of clothing on and must remain fairly helpless. Time how long it takes for them to get the article of clothing on and off. Have them explain how they both felt during the activity. Discuss how this relates to infants and their clothing and how poor some of the choices are that caregivers and parents make concerning infants' and children's clothing. Have each student bring an item of children's clothing for the class to evaluate. Discuss the teacher information "Clothing" and have students complete, "Infants Clothing Study Guide and Activity."

OPTION 8--Competency 2--**CDA II, 4-Physical**
FINGERPLAY PROJECT: When giving the project to the class, explain that infants enjoy fingerplays because they have sing-song rhythm and movement or actions. Fingerplays help infants develop physically while trying to do the actions which involve small motor skills. They involve cognitive development with the child learning language and remembering the words. They involve emotion and social development as the child interacts with others and feels joyful when doing the fingerplays. The students must know their fingerplays and not have to read them from their papers. On the day the fingerplays are due, split the class into small groups of five or six students. Have each student teach one OR all three of his/her fingerplays to the group. After each student has taken a turn, have the group master one of its favorite fingerplays that were presented in its small group. Bring the class back together and have each group stand and present a fingerplay to the entire class.

OPTION 9--Competency 1--**CDA VIII, ECD**
SIDS: Present the information on SIDS to the class using the transparency "Factors Related to SIDS" as a reference.

NAME ______________________________ HOUR ________________

## DEVELOPMENT DURING THE FIRST YEAR OF LIFE

1. Healthy babies gain __________ pounds per month during the first six months and about __________ pounds the last half of the first year.

2. The average height by one year is about __________ inches.

3. Compared to adult proportions, a baby's head and abdomen are ______________, the legs and arms are ______________.

4. What are three signs to look for in an infant to determine if he/she has a hearing problem?

   a.

   b.

   c.

5. What are two symptoms of teething?

   a.

   b.

6. Which teeth come in first?

7. Physical development proceeds from (please include an example of each):

   a.

   b.

   c.

8. What are motor skills?

9. What type of motor skills are related to the large muscles of the body? Please give an example.

10. What are the skills related to the small muscles of hands and fingers called? Please give an example.

11. What is it called when a child has the ability to move from one place to another?

12. What term describes the ability to use hands and fingers to hold and grasp objects?

13. When handling a newborn, what is important to remember?

14. Why will a baby cry?

15. What are some ways to comfort a baby?

16. What is a newborn's eyes and vision like?

17. When does the sense of smell develop?

18. What is the danger of shaking a baby younger than two years old?

19. What is as important to the baby as food?

20. When should strained foods be added to the baby's diet?

21. What is the problem with propping a bottle for the baby to drink?

22. When do babies begin to eat with their fingers?

23. Which babies are more likely to be overfed: bottlefed babies or breastfed babies? Why?

24. Do infants need to worry about low-fat diets or cholesterol?

25. The best way to learn to walk is ________________.

26. What does the term cruising mean?

27. Young babies should be placed on their ________________ or ________________ to sleep.

28. What is SIDS?

# DEVELOPMENT DURING THE FIRST YEAR OF LIFE--KEY

1. Healthy babies gain **1-2** pounds per month during the first six months and about **1** pound(s) the last half of the first year.

2. The average height by one year is about **30** inches.

3. Compared to adult proportions, a baby's head and abdomen are **LARGE**, the legs and arms are **SMALL**.

4. What are three signs to look for in an infant to determine if he/she has a hearing problem?

   a. **NOT STARTLED BY A SHARP CLAP**

   b. **NEVER TURNS TOWARD SOUNDS**

   c. **NOT AWAKENED BY LOUD NOISES**

5. What are two symptoms of teething?
   **ANY OF THE FOLLOWING: CRANKY, RESTLESS AND WAKEFUL, MAY REFUSE FOOD AND DROOL EXCESSIVELY**

6. Which teeth come in first?
   **THE BOTTOM, FRONT TWO**

7. Physical development proceeds from (please include an example of each):
   a. **HEAD TO FOOD--FIRST BABIES LEARN TO LIFT THEIR HEADS (CEPHALO-CAUDAL)**
   B. **NEAR TO FAR--BABIES ARE ABLE TO SCOOT THEIR ENTIRE BODY TO AN OBJECT, WAVE AT IT, GRAB AT IT, PICK IT UP (PROXIMAL-DISTAL)**
   C. **SIMPLE TO COMPLEX--FROM BEING FED TO EATING WITH THEIR OWN HANDS**

8. What are motor skills?
   **MOTOR SKILLS ARE ABILITIES THAT DEPEND ON THE USE AND CONTROL OF MUSCLES.**

9. What type of motor skills are related to the large muscles of the body? Please give an example.
   **GROSS MOTOR SKILLS ARE LARGE MUSCLE CONTROL SUCH AS CRAWLING OR WALKING.**

10. What are the skills related to the small muscles of hands and fingers called? Please give an example.
**FINE MOTOR SKILLS RELATE TO THE USE OF SMALL MUSCLE CONTROL SUCH AS WRITING, COLORING, OR EATING.**

11. What is it called when a child has the ability to move from one place to another?
**LOCOMOTION**

12. What term describes the ability to use hands and fingers to hold and grasp objects?
**MANIPULATION**

13. When handling a newborn, what is important to remember?
**NECK MUSCLES ARE NOT DEVELOPED, THE HEAD MUST BE SUPPORTED.**

14. Why will a baby cry?
**WANTS TO BE HELD, HAS A SOILED DIAPER, IS ILL, IS HUNGRY**

15. What are some ways to comfort a baby?
**ANY APPROPRIATE ANSWER**

16. What is a newborn's eyes and vision like?
**A BABY'S STARES SEEM BLANK AND UNCOMPREHENDING. THEIR EYES BLINK SEPARATELY OR LOOK IN DIFFERENT DIRECTIONS. THERE ARE NO TEARS AT FIRST.**

17. When does the sense of smell develop?
**DURING THE FIRST FEW DAYS OF LIFE, INFANTS BECOME SENSITIVE TO ODORS.**

18. What is the danger of shaking a baby younger than two years old?
**CREATES A HIGH RISK OF SEVERE BLEEDING IN THE BRAIN**

19. What is as important to the baby as food?
**CUDDLING, BODY CONTACT, AND SOFT WORDS THAT GO WITH FEEDING**

20. When should strained foods be added to the baby's diet?
**BETWEEN THE FOURTH AND SIXTH MONTH**

21. What is the problem with propping a bottle for the baby to drink?
**IT CAUSES MILK TO GUSH INTO THE MOUTH. THIS LEADS TO DIGESTIVE PROBLEMS AND EAR INFECTIONS. IT ALSO PROVIDES A CONSTANT SOURCE OF MILK IN THE MOUTH, WHICH CAN BEGIN TOOTH DECAY.**

22. When do babies begin to eat with their fingers?
**EIGHT TO TEN MONTHS**

23. Which babies are more likely to be overfed: bottlefed or breastfed? Why?
**BOTTLEFED BABIES ARE MORE LIKELY TO BE OVERFED BECAUSE THE PARENTS ARE TEMPTED TO URGE THE BABY TO TAKE ANY FORMULA THAT IS LEFT IN THE BOTTLE.**

24. Do infants need to worry about low-fat diets or cholesterol? **NO**

25. The best way to learn to walk is **BAREFOOT**.

26. What does the term cruising mean?
**THE INFANT STANDS AND WALKS ALONG FURNITURE.**

27. Young babies should be placed on their **SIDE** or **BACK** to sleep.

28. What is SIDS?
**SUDDEN INFANT DEATH SYNDROME OR CRIB DEATH**

Name ______________________________ Hour ____________

# INFANT'S REFLEXES OBSERVATION

Observe an infant, or several infants, from one to nine months of age. For each infant observed, used a separate observation sheet and complete the personal information section. Observe the infant's reflexive responses to the following situations of stimulation. Answer the questions.

PERSONAL INFORMATION:

The infant's name is ______________________________

Age of the infant ______________________________

1. **Stroke the palm of the infant's hand with a finger or rattle.**
   How did the infant respond?
   a. Closed fingers over the finger or object.
   b. Moved hand away from the finger or object.
   c. Gave no response.
   d. Other observed response(s):
   ______________________________
   ______________________________

   The name of this reflex is the ______________________________reflex.
   The infant seems to show the appropriate responses for his/her age. YES NO

2. **Stroke the cheek of the infant with a finger.**
   How did the infant respond?
   a. Turned toward the finger, opened mouth, and tried to suck.
   b. Moved away from finger.
   c. Gave no response.
   d. Other observed response(s):
   ______________________________
   ______________________________

   The name of this reflex is the ______________________________reflex.
   The infant seems to show the appropriate responses for his/her age. YES NO

3. **Stroke the heel of the infant's foot from heel to toe.**
   How did the infant respond?
   a. Toes fanned out, foot turned inward.
   b. Curled toes inward.
   c. Gave no response.
   d. Other observed response(s):
   ______________________________
   ______________________________

   The name of this reflex is the ______________________________reflex.
   The infant seems to show the appropriate responses for his/her age. YES NO

4. **The infant needs to be lying down on its back for this situation. Ring a bell or slap a hand down on the surface on which the infant is lying.**
How did the infant respond?
a. Flung arms and legs out, then drew them back in toward the body.
b. Turned toward the noise.
c. Gave no response.
d. Other observed response(s):
________________________________________
________________________________________

The name of this reflex is the ________________________ reflex.
The infant seems to show the appropriate responses for his/her age. YES NO

5. **Hold the infant under the arms in an upright position with his/her feet touching a flat surface such as the floor or a table top.**
How did the infant respond?
a. Made stepping motions.
b. Bent legs and drew them toward the body.
c. Gave no response.
d. Other observed response(s):
________________________________________
________________________________________

The name of this reflex is the ________________________ reflex.
The infant seems to show the appropriate responses for his/her age. YES NO

6. **The infant needs to be lying down on its back for this situation. Have the infant turn its head to one side or the other. You may need to draw the infant's attention to do this by using a toy. While the infant is looking at it, move it to one side of its face.**
How did the infant respond?
a. Head turned, arm and leg extend in direction of infant's gaze, opposite arm and leg flex inward.
b. Head turned, arms and legs remain in same or similar position.
c. Gave no response.
d. Other observed response(s):
________________________________________
________________________________________

The name of this reflex is the ________________________ reflex.
The infant seems to show the appropriate responses for his/her age. YES NO

# STARTING SOLID FOODS

About the sixth to the seventh month, the infant should have the coordination, especially in the tongue, and the ability to digest solid foods. The term solid at this stage of life means mashed or pureed foods. Adding solids to an infant's diet does not mean replacing the milk it is eating from the breast or the bottle. The infant will still need about the same amount of milk that it was taking before.

When a baby begins to eat solid foods, be prepared for some messy times. Infants are born with an extrusion reflex. This is a reflex that makes the infant push out or gag on foods except for liquids. The infant does not have the ability and coordination to move solid food from the front of the mouth to the back of the mouth until he/she is about six months old.

When beginning to feed the baby solid food, place a small amount of baby food into a bowl and feed the infant from the bowl. Discard any uneaten food from the bowl. Do not feed the infant directly from the container. This allows germs and bacteria to contaminate the container of food, and, while stored, these germs and bacteria can multiply and cause illness if eaten.

Begin by feeding the baby single foods rather than mixed foods. If the infant has an allergic reaction, this will help you to eliminate certain foods. For example, if an infant had never eaten carrots or turkey before and is given the mixed turkey and carrots and has a reaction to the food, it is difficult to determine if the reaction was due to the turkey or if it was due to the carrots.

Order of introducing foods:

1. CEREALS AND BREADS: Be careful of using processed and textureless baby cereals. The processing takes away many needed nutrients. Texture adds variety and interest to eating, so use cereals with some texture. Breast milk or formula, or fruit juices should be used when mixing the cereals because cow milk should be avoided until late in the first year, and water lacks flavor and nutrients.

2. VEGETABLES: Use carrots, squash, potatoes, and sweet potatoes. Corn is difficult to digest and should be avoided until later. Peas and beans are highly allergenic and should be avoided until the twelfth month. Vegetables should be given before fruits due to the natural sugars and sweet taste of fruits. If fruit is given first, it is difficult to get an infant to like vegetables. Allow an infant to acquire a taste for vegetables and then introduce fruits.

3. FRUITS: Use applesauce, apricots, pears, cantaloupe, and bananas. Citrus fruits are highly allergenic and should be avoided until the twelfth month.

4. PROTEIN: Use poultry, lamb, beef, and pork (meats should be introduced in this order). Fish is highly allergenic and should be avoided until late in the first year. Eggs also contain protein. Only the yolk of the egg should be used before the age of one because the white of the egg is highly allergenic.

5. DAIRY: Use breast milk or formula until late in the first year because cow's milk is highly allergenic. Dairy products such as yogurt, cheese, and pudding also contain cow's milk and should be avoided until late in the first year.

## FOODS TO AVOID

Citrus fruits such as oranges, grapefruit, tomatoes, etc.

Egg whites

Fish

Peanut butter

Chocolate

Honey

Salted snacks

Highly processed foods

Foods loaded with additives and artificial colors

Soda pop

## DRINKING FROM A CUP

An infant will begin showing an interest and try drinking from a cup around ten months of age. A teacher beaker, which is a cup with a lid and a slotted mouth piece on it, is an excellent item to use during this time. (Teacher: Show the students a teacher beaker.) By 15-18 months of age, a child will be drinking efficiently out of a cup that is half filled.

Name ______________________________ Hour ____________

## STARTING SOLID FOOD

1. At what age is the infant able to digest solid foods?

2. What is an "extrusion reflex"?

3. Why shouldn't you feed a baby directly from the food container?

4. Why should a baby be introduced to one new food at a time?

5. What is the first food you should introduce to a baby?

6. How long should breast milk or formula be given to an infant? Why?

7. List four foods to avoid giving an infant:
   a.
   b.
   c.
   d.

8. What is a teacher beaker?

# STARTING SOLID FOOD--KEY

1. At what age is the infant able to digest solid foods?
   **At age six or seven months**

2. What is an "extrusion reflex"?
   **A reflex that makes the infant push out or gag on foods other than liquids**

3. Why shouldn't you feed a baby directly from the food container?
   **If all the food is not eaten, you have contaminated the entire contents of the container.**

4. Why should a baby be introduced to one new food at a time?
   **If the baby has a reaction to a food, you will be able to identify which food it was.**

5. What is the first food you should introduce to a baby?
   **Cereals and breads**

6. How long should breast milk or formula be given to an infant? Why?
   **Until late in the first year. Cow's milk is highly allergenic.**

7. List four foods to avoid giving an infant:
   **Any of the following: Citrus fruits such as oranges, grapefruit, tomatoes, etc., egg whites, fish, peanut butter, chocolate, honey salted snacks, highly processed foods, foods loaded with additives and artificial colors, soda pop**

8. What is a teacher beaker?
   **A cup with a lid with a slotted mouth piece on it**

# CLOTHING

While reviewing this information with the students, have good and bad examples of each guideline to show the class. When purchasing infant's clothing, there are four general guidelines that should be considered: safety, comfort, care, and allowance for growth.

## SAFETY

1. Fire retardant.
2. Not tight or binding.
3. No loose buttons or other fasteners.
4. No loose trim.
5. Antibacterial--labeled *Sani-Guard or Sanitized.*

## COMFORT

1. Soft--knit fabrics are great!
2. Nonirritating--flat seams, flat fasteners, not bulky.
3. No fuzzy trims that tickle.
4. Neck openings large enough for the baby's head.
5. Not tight or binding.
6. Right weight for needed warmth--several layers instead of one heavy garment.
7. Roomy for active body movements.
8. Anti-static.
9. Absorbent.

## EASY CARE

1. Machine washable--can be washed with other colors.
2. Soil release finish.
3. Shrinkage control--labeled *sanforized.*
4. Little or no ironing needed.
5. Easy to mend.

## ALLOWANCE FOR GROWTH

1. One piece outfits without obvious waistlines.
2. Knits and fabrics that have some stretch to them.
3. Elastic waistbands.
4. Two-piece outfits.
5. Adjustable straps.

Name ______________________________ Hour ____________

# CLOTHING LISTENING GUIDE

When purchasing infant's clothing, there are four general guidelines that should be considered: safety, comfort, care, and allowance for growth. In the spaces below, list the specifics of what to look for and consider in each area.

1. Safety:

2. Comfort:

3. Care:

4. Allowance for growth:

Name ______________________________ Hour ________

# EVALUATING INFANTS CLOTHING

Garment #1--Brief Description:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Safety | Very Safe | 1 | 2 | 3 | 4 | 5 | Not safe |
| Comfort | Comfortable | 1 | 2 | 3 | 4 | 5 | Uncomfortable |
| Care | Easy | 1 | 2 | 3 | 4 | 5 | Difficult |
| Allowance for Growth | Much | 1 | 2 | 3 | 4 | 5 | None |

Garment #2--Brief Description:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Safety | Very Safe | 1 | 2 | 3 | 4 | 5 | Not safe |
| Comfort | Comfortable | 1 | 2 | 3 | 4 | 5 | Uncomfortable |
| Care | Easy | 1 | 2 | 3 | 4 | 5 | Difficult |
| Allowance for Growth | Much | 1 | 2 | 3 | 4 | 5 | None |

Garment #3--Brief Description:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Safety | Very Safe | 1 | 2 | 3 | 4 | 5 | Not safe |
| Comfort | Comfortable | 1 | 2 | 3 | 4 | 5 | Uncomfortable |
| Care | Easy | 1 | 2 | 3 | 4 | 5 | Difficult |
| Allowance for Growth | Much | 1 | 2 | 3 | 4 | 5 | None |

Name ______________________________ Hour __________

# FINGERPLAY ASSIGNMENT

You must find or make up three fingerplays. You will present these fingerplays to the class in small groups. You will also need to TYPE the fingerplays on a sheet of paper. Please fit all three fingerplays on one page. The following must be included:

1. Words to each fingerplay.
2. Easy to follow actions to each fingerplay.
3. A related illustration for each fingerplay (a computer graphic, a clip art picture, a hand-drawn picture, etc.)

This page needs to be turned in with your fingerplays attached to it.

DATE DUE ______________________________

| GRADING: | POINTS POSSIBLE | POINTS EARNED |
|---|---|---|
| Complete words to fingerplay | 15 | ________ |
| Complete and easy-to-follow actions | 15 | ________ |
| Illustrations | 10 | ________ |
| Neatness/grammar | 10 | ________ |
| TOTAL | 50 | ________ |

# SIDS

Sudden Infant Death Syndrome (SIDS) is the "sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history" (Willinger et al., 1991).

Most deaths from SIDS occur by the end of the sixth month, usually between two and four months of age. A SIDS death occurs quickly and is often associated with sleep and no signs of suffering. More deaths are reported in the fall and winter. There is a 60-to-40 percent male-to-female ratio. A death is diagnosed as SIDS only after all other alternatives have been eliminated: SIDS is a diagnosis of exclusion.

Risk factors may be environmental or behavioral influences. Any risk factor may be a clue to finding the cause of a disease, but risk factors in and of themselves are not causes.

The mother's health and behavior during her pregnancy and the baby's health before birth seem to influence the occurrence of SIDS. Maternal risk factors include cigarette smoking during pregnancy, maternal age of less than 20 years; poor prenatal care; low weight gain, anemia; use of illegal drugs; and history of sexually transmitted disease or urinary tract infection. These factors suggest that SIDS is somehow associated with a harmful prenatal environment.

Because the death of an infant is a disruption of the natural order, it is traumatic for parents, family, and friends. The lack of a discernible cause, the suddenness of the tragedy, and the involvement of the legal system make a SIDS death especially difficult, leaving a great sense of loss and a need for understanding.

Most SIDS deaths occur between the ages of three weeks to four months. No one really knows why these babies die. The baby seems well, is put to bed, and later is found dead. SIDS deaths cannot be prevented or predicted. No one is to blame. Recently the American Academy of Pediatrics recommended that normal healthy babies be placed to sleep on their sides or backs to reduce the risk of SIDS. Some sleeping guidelines are listed below:

DO:

1. Make sure the crib is safe and in good repair. Slats should be no more than 2 3/8" apart. The mattress should be firm and fit the crib; the space between the mattress and crib side should not allow more than two finger widths.
2. Dress the baby in the type of clothing and cover with the amount of blankets you would find comfortable for sleeping.
3. Place the healthy young baby on its side or back to sleep. When babies are able to roll over, they can choose their own sleeping position.
4. Have the baby sleep alone.
5. Keep the room temperature about 70 degrees F.
6. Check your sleeping baby frequently while you are awake.

DO NOT:

1. DO NOT place the baby to sleep on a soft, loosely filled surface such as comforters, pillows, sheepskins, or cushions filled with polystyrene beads.
2. DO NOT let the baby sleep on a waterbed. Babies can become trapped and suffocate.
3. DO NOT use thin plastic wrapping materials such as cleaning bags or trash bags as mattress covers. Do not allow these things near the baby.
4. DO NOT allow cords from drapes or window blinds near the crib. Do not place any toys with strings or small parts or stringed items, such as a laundry bag, near the crib. These could strangle or choke the baby.
5. DO NOT leave the baby alone on a couch or on adult or youth beds.

For additional information, contact:
American SIDS Institute, 6065 Roswell Road, Suite 876, Atlanta, GA 30328, (800) 232-7437.

Association of SIDS Program Professionals (ASPP), c/o Massachusetts Center of SIDS, Boston City Hospital, 818 Harrison Avenue, Boston, MA 02118, (617) 534-7437.

National Sudden Infant Death Syndrome Resource Center (NSRC), 8201 Greensboro Drive, Suite 600, McLean, VA 22102-3810.

Southwest SIDS Research Institute, Inc., Brazosport Memorial Hospital, 100 Medical Drive, Lake Jackson, TX 77655, (409) 29902814.

Sudden Infant Death Syndrome Alliance, 10500 Little Patuxent Parkway, Suite 420, Columbia, MD 21044, (800) 221-7437.

# FACTORS RELATED TO SIDS

| | SIDS MORE LIKELY | SIDS LESS LIKELY |
|---|---|---|
| **Characteristics of Mother** | | |
| Age | Under 20 | Over 30 |
| Blood type | O, B, or AB | A |
| Personal habits | Smokes | Does not smoke |
| **Characteristics of Infant** | | |
| Sex | Male | Female |
| Birth order | Later-born | First-born |
| Birth weight | Under 5 1/2 pounds | Over 5 1/2 pounds |
| **APGAR Score at one minute** | 7 or less | 8 or above |
| **Characteristics of Pregnancy** | | |
| Mother's health | Urinary infections | No complications |
| Length of pregnancy | Less than eight months | Full-term |
| Mother's nutrition | Anemia--lacking iron | No anemia |
| **Situation at Time of Death** | | |
| Time of year | Winter | Summer |
| Age of infant | 2-4 months<br>older than 6 months | Under 1 month |
| Health of infant | Has a cold with stuffy nose | Healthy |
| Feeding | Bottlefed | Breastfed |

**UNIT:** Growth and Development **LESSON:** Infants--Cognitive

## COMPETENCIES:

1. Describe signs of cognitive development in infants. (Options 2, 6, 7, and 8)
2. Develop an age appropriate activity to stimulate cognitive development. (Options 3, 4, 5, and 6)

## OVERVIEW/SUMMARY:

It is exciting to watch the cognitive development of infants. They are fascinated with everything they see and hear. Their drive to learn new things seems endless.

## MOTIVATOR:

Show the class a pencil and ask "If I were to give this pencil to you, what would you do with it?" Allow them to respond. Then ask, "If I were to give this pencil to an infant, what would he/she do with it?" They would most likely put it in their mouth. They would use their mouth as the sense to learn and discover more about the object. On the other hand, you have LEARNED what a pencil is for, and you would sharpen the pencil and write with it.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: The Very Quiet Cricket

OPTION 2--Competency 1--**CDA VI, Professionalism**
DISCUSSION: Ask the students to recall Piaget's first stage of development--the sensorimotor stage--and review with them its meaning. Use the transparency "Sensorimotor Stage" to discuss his sensorimotor stage more in-depth. According to Piaget, infants learn by using their senses and their motor skills. The term cognitive refers to intellectual learning. Infants learn by using their sensorimotor skills.

OPTION 3--Competency 2--**CDA II, 5-Cognitive**
INFANT STIMULATION: Divide the class into four groups. Assign each group one of the following age groups: birth to three months, three months to six months, six months to nine months, and nine months to twelve months. Have them brainstorm as many activities as possible that stimulate and assist to develop an infants cognitive skills. Share their ideas and activities with the class and havc them take notes so they have a master list of activities to stimulate infants. Some suggestions are in the teacher notes "Activities to Stimulate Infants."

OPTION 4--Competency 2
ACTIVITY: Have class members develop age-appropriate activities for the infant's cognitive development.

OPTION 5--Competency 2--**CDA II, 5-Cognitive and CDA VII, Observation**
BODY AWARENESS: Discuss the sensorimotor stage, including the infant's discovery and repetition of primary and secondary objects. Identify eye-hand coordination and how it is enhanced during this stage of learning. After discussing language development, complete the "BODY AWARENESS" activity.

OPTION 6--Competencies 1 and 2--**CDA VIII, ECD and CDA VII, Observation**
OBJECT PERMANANCE: Discuss object permanence (knowing that an object exists even when it is out of sight) as a milestone in cognitive development. Complete the OBJECT PERMANENCE activity.

OPTION 7--Competency 1--**CDA VIII, ECD**
SLEEP: After discussing object permanence, explain separation anxiety, sleeping problems, and stranger anxiety and how they are related to the concept of object permanence. Show the 15-minute video segment concerning sleeping from the ABC news special "What's A Parent to Do?" While students watch this video, they should complete the worksheet "INFANT'S AND SLEEPING."

OPTION 8--Competency 1--**CDA VIII, ECD**
LANGUAGE DEVELOPMENT: Use the teacher information "Language Development" to discuss how an infant's communication and language develops, referring to the transparency "Baby Talk/Better Talk." Have students complete the "INFANT'S LANGUAGE AND COMMUNICATION STUDY GUIDE."

# SENSORIMOTOR STAGE

## Birth to 1 month

The neonatal reflexes, such as sucking, grasping, and eye movements, are seen.

## 1-4 months

The infant coordinates eye-hand movements and develops basic motor skills or habits. The infant notices his/her hands and likes to explore them.

## 4-8 months

The infant begins to use and play with simple objects like rattles. The infant's eye-hand coordination improves while he/she reaches and grasps toys. The infant enters a time when he/she repeats enjoyable activities over and over again.

## 8-12 months

The infant acquires object permanence, or recognizes that people and objects do not just disappear when they cannot be seen. Simple problem-solving skills begin to emerge. For example, the child will crawl or walk around a chair instead of crawling through or over it, or the infant will look for a toy that he/she has seen someone hide under a pillow or blanket.

# ACTIVITIES TO STIMULATE INFANTS

## BIRTH - THREE MONTHS

1. Hang a black and white mobile above the infant's head (8-12 inches).
2. Allow the infant to focus his/her eyes on the caregiver's face.
3. Move brightly colored objects slowly from side to side, up and down, and in circular motions.
4. Quietly shake a rattle on one side of the infant's head, then on the other side.
5. Talk to the baby.
6. Move the baby's arms and legs for him/her.
7. Sway or dance with the infant.
8. Introduce the baby to a variety of sounds: rattles, bells, music, etc.
9. Give the baby toys he/she can grasp.
10. Hang toys on the crib. Change the items often to give him/her a variety of things to look at.
11. Lay the baby on his/her stomach and hold a mirror or toy in front of the baby. Encourage the baby to raise his/her head by slowly lifting the object.
12. Allow the baby to splash water while bathing in the tub. Get an infant bath seat to make it more pleasurable and safe.

## THREE - SIX MONTHS

1. Shake a noisemaker to the rhythm of a song.
2. Play sit-up games with the baby.
3. Help the baby roll over.
4. Put puppet socks on the baby's feet.
5. Give the baby interesting textures and colors of toys to play with.
6. Lay the baby on the floor on his/her stomach. Make sounds in front of the baby to encourage him/her to search for the source of the sounds.
7. Introduce new sights and sounds to the baby.
8. Let the baby play in front of a mirror.
9. Put a busy box in the crib.
10. Let the baby feel your lips and mouth with its fingers while you talk.
11. Give the baby toys with wheels to encourage crawling.
12. Play pat-a-cake with the baby.
13. Let the baby play with soft blocks.

## SIX - NINE MONTHS

1. Give the baby toys that he/she can poke his/her fingers through, such as rings.
2. Have the baby watch you scribble with a pencil or bounce a ball.
3. Let the child bang two toys together.
4. Play with the baby while he/she is bathing. Let him/her play with floatable toys.
5. Read to the child.
6. Play gentle games of tug-of-war with the baby's blanket.
7. Make a variety of sounds and have the baby respond to them.
8. Let the baby fill a container with small objects.

## NINE - TWELVE MONTHS

1. Let the baby stack blocks.
2. Give the child lightweight balls or bean bags for tossing.
3. Help the baby to stand.
4. Give the baby a pull toy
5. Play more difficult hide-and-seek games.
6. Help the baby look at books that squeak.
7. Encourage the baby to imitate your activities.
8. Provide toys for the baby to sit on or push by himself/herself.

# BODY AWARENESS

You will need to arrange for several infants to be in the class for this activity.

Using one of the infants, demonstrate for the students the following:

1. Repeat the rhyme "This Little Piggy" while gently making accompanying body movements (wiggling the infant's toes.)
2. Repeat the rhyme "Pat-a-Cake" while gently making accompanying body movements (clapping the infant's hands together).
3. Repeat the song "Row Your Boat" while gently making accompanying body movements (moving the infant's legs back and forth while he/she is lying on his/her back).

If you can arrange for enough infants, split the students into small groups and have them do the activity on their own after you have demonstrated the procedure. If you can only arrange for a few infants to be in class, arrange for them to be several different ages, 3-12 months old. Repeat the demonstration on each child and have the students compare the different responses.

After observing the infant's reactions, discuss with the class:

1. How does this relate to the sensorimotor stage, specifically the discovery and repetition of primary objects, or the infant's own body?
2. How do these activities and interactions enhance a child's language development?

# OBJECT PERMANENCE ACTIVITY

You will need to arrange for several infants to be in class for this activity. You will also need some small toys and a small blanket.

Model the following activity for the class:

1. Sit on the floor facing an infant. Give him/her a toy that is interesting and familiar. Let him/her play with the toy for a few minutes.
2. While he/she watches, take the toy and lay it partially under a blanket within his/her reach. Encourage him/her verbally to look for the toy.
3. If he/she does not find the toy, repeat the procedure 4-5 times. Encourage his/her attempts to find the toy.
4. Play peek-a-boo with the infant.

Repeat the procedure with infants of different ages from 3-12 months of age.

Have the students write down the infant's reactions and discuss their conclusions after the activity is complete.

Name ______________________ Hour __________

## INFANTS AND SLEEPING

1. By what age should an infant be able to sleep through the night?

2. Explain the term "self soother."

3. Who is Dr. Richard Ferber?

4. When a caregiver/parent gives an older baby a bottle in the middle of the night to help him/her fall asleep, what does that teach the child?

5. What are the three guidelines that can help a caregiver/parent get a child to bed and to sleep at night?

   a.

   b.

   c.

6. Write a paragraph below about the things you learned from viewing this video.

# INFANTS AND SLEEPING--KEY

1. By what age should an infant be able to sleep through the night?
   **SIX MONTHS**

2. Explain the term "self soother."
   **A CHILD WHO CAN SOOTHE OR HELP THEMSELVES FALL ASLEEP**

3. Who is Dr. Richard Ferber?
   **A SLEEP SPECIALIST, ONE OF THE MOST FAMOUS IN THE COUNTRY**

4. When a caregiver/parent gives an older baby a bottle in the middle of the night to help him/her fall asleep, what does that teach the child?
   **TO BE HUNGRY AT NIGHT--IT REINFORCES EATING.**

5. What are the three guidelines that can help a caregiver/parent get a child to bed and to sleep at night?

   a. **CONSISTENCY**

   b. **EARLIER NAP TIMES. NAPS SHOULD BE PART OF THE LIFE OF A CHILD AT LEAST UNTIL THEY ARE FOUR YEARS OLD.**

   c. **NIGHT TIME RITUALS OR ROUTINES**

6. Write a paragraph below about the things you learned from viewing this video.
   **VARIED, APPROPRIATE ANSWERS**

Name ________________________ Hour ______________

# INFANT'S LANGUAGE AND COMMUNICATION STUDY GUIDE

1. What is the progression of communication and language development?

   a.

   b.

   c.

2. Review the four types of cries discussed in the neonatal unit.

   a. hungry

   b. pain

   c. bored

   d. angry

3. Explain cooing:

4. Explain babbling:

5. Explain single words:

6. Explain putting a few words together:

7. Explain parentese/motherese:

8. Provide several guidelines for talking and communicating with an infant.

# INFANT'S LANGUAGE AND COMMUNICATION STUDY GUIDE--KEY

1. What is the progression of communication and language development?
   **A. CRYING**
   **B. COOING**
   **C. BABBLING**
   **D. SINGLE WORDS**
   **E. PUTTING A FEW WORDS TOGETHER**

2. Review the four types of cries discussed in the neonatal unit.
   a. hungry--**A RISE AND FALL AND THEN A BREATH; IT IS DEMANDING BUT NOT DESPERATE.**
   b. pain--**A LONG GASP INWARD AND THEN A SHRIEKING CRY.**
   c. bored--**A LOW PITCHED AND RHYTHMICAL CRY.**
   d. angry--**A GRUMBLING, FUSSY, HIGH-PITCHED CRY.**

3. Explain cooing:
   **VOWEL SOUNDS SUCH AS "OOO" OR "AHAHAH"--THESE SOUNDS ARE THE EASIEST TO MAKE. INFANTS CAN BEGIN COOING ANYWHERE FROM A FEW WEEKS UNTIL THEY ARE AROUND SIX MONTHS OF AGE.**

4. Explain babbling:
   **A VOWEL SOUND WITH A CONSONANT ADDED SUCH AS "AD." MOST INFANTS BABBLE "DA" BEFORE THEY BABBLE "MA." FATHERS LIKE TO THINK THE INFANT IS SAYING "DA," BUT UNFORTUNATELY, IT IS JUST AN EASIER SOUND TO MAKE THAN "MA." THE INFANT BABBLES BETWEEN THE SIXTH AND TWELFTH MONTH.**

5. Explain single words:
   **THIS IS THE USE OF ONE WORD. CHILDREN'S LANGUAGE DEVELOPMENT CAN BE LIMITED TO THIS ONE WORD STAGE IF CAREGIVERS AND PARENTS ARE NOT CAREFUL. WHEN A CHILD SAYS ONE WORD, SUCH AS "DRINK," IT IS USUALLY OBVIOUS THAT THE CHILD WANTS A DRINK. IF PARENTS AND CAREGIVERS SIMPLY RESPOND ALL OF THE TIME TO ONE WORD DEMANDS, THE CHILD WILL NOT TRY TO COMMUNICATE MORE OR ON A HIGHER LEVEL. WHY SHOULD THEY? WHEN A CHILD USES ONE WORD, A CAREGIVER OR PARENT SHOULD EXPOUND ON IT. FOR EXAMPLE, THE CHILD SAYS "DRINK," THE CAREGIVER OR PARENT SHOULD THEN SAY, "WOULD YOU LIKE A DRINK OF WATER?" SINGLE WORDS CAN BE USED BY INFANTS AS YOUNG AS TEN MONTHS OF AGE BUT USUALLY NOT UNTIL THIRTEEN OR FOURTEEN MONTHS OF AGE.**

6. Explain putting a few words together:
   **THIS BEGINS BY USING TWO WORDS, THEN THREE WORDS, AND SO ON UNTIL THE CHILD COMPLETES A SENTENCE. THIS WILL NOT HAPPEN UNTIL THE SECOND OR THIRD YEAR. WHEN THE CHILD SAYS A FEW WORDS, A CAREGIVER OR PARENT NEEDS TO RESPOND IN COMPLETE SENTENCES AS DISCUSSED.**

7. Explain parentese/motherese:
   **THIS IS NOT BABY TALK. BABY TALK IS USING WORDS THAT ARE GRAMMATICALLY INCORRECT SUCH AS "BABA" FOR "BOTTLE." PARENTESE IS BENEFICIAL TO AN INFANT AND ENJOYABLE FOR THEM, TOO. IT IS HIGHER IN PITCH, IT IS MORE RHYTHMICAL, IT IS SLOWER, IT IS EXAGGERATED, AND IT IS MORE SIMPLE THAN YOUR NORMAL EVERYDAY SPEECH. USING THIS TYPE OF SPEECH WITH AN INFANT LETS HIM/HER KNOW YOU ARE TALKING AND COMMUNICATING WITH HIM/HER. IF I WERE TALKING TO ANOTHER ADULT AND THEN TURNED AND TALKED TO AN INFANT IN THE SAME TONE, SPEED, PITCH, AND RHYTHM, THE INFANT WOULD PROBABLY NOT RESPOND. HE/SHE DOES NOT KNOW I AM COMMUNICATING WITH HIM/HER. IT IS IMPORTANT TO KNOW THAT PARENTESE IS BENEFICIAL DURING THE FIRST YEAR OF A CHILD'S LIFE, BUT IT CAN BE DETRIMENTAL IF USED AFTER THE FIRST YEAR. IT TEACHES THE CHILD TO USE IT, AND IT DOES BECOME BABY TALK THEN. SHOW STUDENTS THE "BABY TALK, BETTER TALK" TRANSPARENCY.**

8. Provide several guidelines for talking and communicating with an infant.
   - **A. USE PARENTESE ONLY IN THE FIRST YEAR.**
   - **B. RESPOND TO AN INFANT'S EVERY ATTEMPT TO COMMUNICATE.**
   - **C. TALK ABOUT THINGS THE BABY CAN SEE AT THE MOMENT, GIVING OBJECTS AND PEOPLE THEIR NAME.**
   - **D. USE THE CHILD'S NAME AS MUCH AS POSSIBLE INSTEAD OF "YOU" OR "YOUR."**
   - **E. USE GESTURES TO MATCH WORDS SUCH AS "GOOD-BYE."**
   - **F. BE NATURAL.**
   - **G. LOOK AT THE INFANT WHEN YOU TALK TO HIM/HER.**
   - **H. ALLOW THE INFANT TO COMMUNICATE BACK AND RESPOND TO HIS/HER ATTEMPT.**

| BABY TALK | BETTER TALK |
|---|---|
| See da yiddle kiddy? | See the kitten. |
| Here's baby's baba. | Here is your bottle. |
| Let's see smiles for your mummykins. | Can you give Mommy a big smile? |
| Does my baby want to pway? | Let's play a game. |
| Did you get an owie? | Did you cut your finger? |
| Does baby have a tum-tum hurt? | Does your stomach ache? |
| Look at da oink-oink. | See the pig. |
| Did you go tinkle? | Is your diaper wet? Let's change it. |

**UNIT:** Growth and Development **LESSON:** Infants--Social/Emotional Development

## COMPETENCIES:

1. Discuss the aspects of emotional development in infants. (Options 2, 3, and 4)
2. Evaluate various strategies for meeting the emotional needs of infants. (Options 3 and 4)
3. Discuss the aspects of social development in infants. (Options 3, 4, 5, 6, 7, and 8)

## OVERVIEW/SUMMARY:

Nurturing is a vital part of being a parent. Infants are hungry for interaction, for love, and for all of the affection and attention they can get. Without emotional nurturing, infants have a difficult time growing in other aspects of their development. A child needs all the love a parent can give.

## INTRODUCTION:

PERSONAL TEMPERAMENT: Prior to this class, assign the students to talk to their parents/caregivers about the type of temperament they had as infants. Have them share their findings with the class by defining their temperament as an infant in one word. Ask them if they think they still have that same temperament.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
Book: Owley

OPTION 2--Competency 1
TEXT/STUDY GUIDE: Have the students read in a textbook concerning an infant's emotional needs. They should then complete the INFANT'S EMOTIONAL NEEDS STUDY GUIDE.

OPTION 3--Competencies 1, 2, and 3--**CDA III, 9-Social**
TEMPERAMENT TYPES: Use the TEMPERAMENT TYPES OF CHILDREN handout to discuss the three basic temperament types with which children are born. Remind the students that each description is the extreme and that many children are a combination of two types. Also note that all temperament types have pros and cons and that children can become a productive adult when parented in a nurturing and loving way that is sensitive to the child's temperament type. Note that some refer to the temperament types using slightly different terminology: easy baby=placid, slow to warm baby=sensitive, and difficult baby=aggressive. Explain to the students that it is important for parents to recognize the personality or basic temperament of their own child when striving to nurture them. Discovering this can enhance the parent/child relationship and make learning, loving, and nurturing much easier and much more rewarding. Have the students complete the NURTURING INFANTS WITH DIFFERING TEMPERAMENT TYPES WORKSHEET individually or in small groups. Discuss their conclusions.

OPTION 4--Competencies 1, 2, and 3--**CDA III, 8-Self**
GREENSPAN STAGES: Discuss Dr. Stanley Greenspan's four emotional stages that an infant goes through during the first year of life. View the video segment concerning emotional and social development from the ABC News Special, "What's A Parent To Do?" Discuss the stages as a class using the GREENSPAN STAGES handout. After discussing this information, have the students list three activities that can enhance the emotional needs of an infant in each of the four stages.

OPTION 5--Competency 3--**CDA III, 9-Social**
SOCIAL DEVELOPMENT: Review the teacher information "Social Development in Infants" with the class.

OPTION 6--Competency 3--**CDA III, 9-Social**
INFANT PLAY: Discuss the play seen in infants. It is usually solitary or parallel play. Even though infants do not seem to know how to play, it is important that parents, adults, and other children still play with them. Some infants are more social than others. Much of the socialization of a child is related to his/her temperament type. Ask students to share examples of children they know and how they socialize.

OPTION 7--Competency 3--**CDA III, 9-Social**
DEBATE: Begin a class debate by asking the students if they consider our society to be fair and equal in how women and men are treated. Allow them to share their opinions and ideas. Ask them when they think the equality or the inequality begins. If they do not bring the topic of gender stereotyping up during the debate, ask them about it and allow them to share their ideas and feelings. Bring up questions concerning baby girls wearing pink and baby boys wearing blue. Big boys don't cry, but girls can and do. Girls can play with dolls but boys shouldn't. Have them discuss these and other gender stereotypes that begin during the first year of life. Discuss gender stereotypes that occur during infancy and how these can be eliminated. Discuss the pros and cons of sex rules. For example:

| PROS | CONS |
|---|---|
| Gives a sense of identity | Limits child's play |
| Differences should be emphasized not de-emphasized | Programs child into certain beliefs |

OPTION 8--Competency 3--**CDA III, 9-Social**
STEREOTYPING: Brainstorm with the class a list of ways people gender stereotype today. Discuss with the class how they plan to raise their children to avoid these types of limiting stereotypes.

Name ______________________________ Hour ______________

# INFANT'S EMOTIONAL NEEDS STUDY GUIDE

1. Emotional development deals with:

2. Define the term nurturing as it relates to infants.
3. How does a baby develop a sense of trust?
4. What is the foundation of successful family life?
5. List five ways to comfort a child who does not seem to have any physical problem:
   a.
   b.
   c.
   d.
   e.
6. Positive emotions develop from ____________________ to ____________________ ____________________.
7. Negative emotions develop from ____________________ to ____________________ to ____________________ to ____________________.
8. When does the baby first develop its first real social relationship? How?

9. What did Harry Harlow's experiment with monkeys show?

10. What happens to babies when they have no one to love and nobody to love them?

11. What is "failure to thrive"?

12. What is stranger anxiety?

    Why does it occur?

13. Why is consistency important?

14. What is personality?

15. What influences personality development?

16. Describe the following personalities:

    a. sensitive child
    b. placid child
    c. aggressive child

# INFANT'S EMOTIONAL NEEDS STUDY GUIDE--KEY

1. Emotional development deals with:
**CHILDREN'S CHANGING FEELINGS ABOUT THEMSELVES, OTHERS, AND THE WORLD**

2. Define the term nurturing as it relates to infants.
**THE PROCESS OF SHOWING LOVE, CONCERN, RESPECT, SUPPORT, AND UNDERSTANDING. IT IS THE SPECIAL CLOSENESS BETWEEN PARENTS AND INFANTS.**

3. How does a baby develop a sense of trust?
**KEPT WARM AND DRY AND IS FED WHEN HUNGRY, SOOTHED WHEN FUSSY, AND TALKED TO WHEN AWAKE.**

4. What is the foundation of successful family life?
**AFFECTION AND HARMONY BETWEEN PARENTS**

5. List five ways to comfort a child who does not seem to have any physical problem:
   **A. ROCKING**
   **B. CUDDLE AND WALK AROUND**
   **C. CHANGING BABY'S POSITION**
   **D. TALKING SOFTLY OR SINGING**
   **E. DISTRACTING THE BABY WITH A TOY**

6. Positive emotions develop from **DELIGHT** to **ELATION** **AFFECTION**.

7. Negative emotions develop from **DISTRESS** to **ANGER** to **DISGUST** to **FEAR**.

8. When does the baby first develop its first real social relationship? How?
**SIX MONTHS. ATTACHMENTS TO PARENTS OR CAREGIVERS.**

9. What did Harry Harlow's experiment with monkey's show?
**NONE OF THE BABY MONKEYS RAISED BY SUBSTITUTE MOTHERS DEVELOPED NORMAL SOCIAL RELATIONSHIPS.**

10. What happens to babies when they have no one to love and nobody to love them?
**THE INFANTS BEGIN TO FAIL TO RESPOND TO PEOPLE OR OBJECTS--THEY TURN INWARD.**

11. What is "failure to thrive"?
**BABIES CAN DIE FROM A LACK OF LOVE.**

12. What is stranger anxiety?
**A BABY WHO USED TO SIT CHEERFULLY ON ANYONE'S LAP SUDDENLY SCREAMS WHEN AN UNFAMILIAR PERSON APPROACHES.**

Why does it occur?
**A BABY'S MEMORY HAS IMPROVED, BETTER ABLE TO REMEMBER PARENTS' FACES.**

13. Why is consistency important?
**IT IS NECESSARY FOR A CHILD TO IDENTIFY THE BEHAVIOR EXPECTED BY PARENTS.**

14. What is personality?
**IT IS THE TOTAL OF ALL THE SPECIFIC TRAITS (SUCH AS SHYNESS OR CHEERFULNESS) THAT ARE CONSISTENT IN AN INDIVIDUAL'S BEHAVIOR.**

15. What influences personality development?
**SOME ARE INBORN; FAMILY AND ENVIRONMENT ALSO PLAY A ROLE.**

16. Describe the following personalities:

    a. sensitive child--**MORE AWARE OF HIS/HER SURROUNDINGS AND CHANGES.**

    b. placid child--**EASY GOING, LESS EASILY UPSET BY CHANGES IN SCHEDULE.**

    c. aggressive child--**STRONG WILLED AND DETERMINED, CONSTANTLY ACTIVE, EATS MORE, CRIES MORE, KICKS MORE.**

# TEMPERAMENT TYPES

SENSITIVE CHILD:

1. Slow-to-warm.
2. Was usually fussy and irritable as a baby.
3. Reluctant to try new things or experiences.
4. New experiences may end in failure, pain, or embarrassment. The child may then lose self-confidence, resulting in uncertainty and insecurity.
5. More sensitive to sounds and changes in the environment, colors, changes in moods of people.
6. Can grow up to be sensitive to other people and work as counselors or therapists, or use their sensitivity in the fields of music, art, or drama.
7. Parents need to help this child establish self-confidence by being patient, encouraging, and by providing lots of reassurance.

PLACID CHILD:

1. Easy going.
2. Less upset by changes in routine.
3. Happy, cheerful, patient, quiet.
4. Adjusts easily to new people and situations.
5. Goes through life with a minimum of fuss and upset.
6. Needs love and encouragement to push themselves toward achieving their goals.
7. Can grow up to be peacemakers; any job that requires an even temper; they will get along with co-workers.
8. May need to be challenged; if not, they could end up being a couch potato.

AGGRESSIVE CHILD:

1. Constantly active and on the go.
2. Awake more than other babies.
3. Responses are extreme.
4. Strong willed, eats more vigorously, cries more loudly.
5. Kicks more strenuously.
6. Often larger than other babies.
7. Loves activity.
8. Not concerned with failure, will try again and again.
9. Temper tantrums are normal.
10. Needs lots of constant parenting.
11. Parents must impose reasonable limits.
12. Child needs lots of love and praise.
13. Child needs to be made aware of the feelings and interests of others.
14. With a nurturing parent, the child can grow up to be a responsible leader of people. Can use aggressiveness in sports or being the president of a company.
15. If the aggressive nature is not limited or channeled in a positive direction, this child could get into a lot of trouble.

NOTE: Sensitive and aggressive children require more active parenting. However, all these temperament types produce very special people. It is important to know the child so the parent knows how to best guide the child to make the most of the temperament he/she has. It is common for children to display several characteristics from each temperament type. The parent must know the child.

Name ______________________________ Hour ____________

# NURTURING INFANTS WITH DIFFERING TEMPERAMENT TYPES

DIRECTIONS: Listed below are adjectives that describe children. Decide which basic temperament type each adjective best describes. Write the adjective in the appropriate column.

easy going
excitable
independent
timid
loud
headstrong
nervous
self-content
irritable
ambitious
energetic
patient
insecure
easily adjusts
good natured
assertive
cheerful
shy
frightened
satisfied
not afraid of failure

| SENSITIVE CHILD | PLACID CHILD | AGGRESSIVE CHILD |
|---|---|---|
| | | |

Name ______________________________ Hour __________

# GREENSPAN STAGES

Dr. Stanley Greenspan has studied the emotional aspect of development and bonding for over 15 years. He has identified four emotional stages through which infants progress during the first year of life. These stages are as follows:

**STAGE #1--(0-2 MONTHS OLD)** **INTEREST IN THE WORLD**
The baby is alert and interested.

Activities:
1.

2.

3.

**STAGE #2--(2-4 MONTHS OLD)** **FALLING IN LOVE WITH THE WORLD**
Forms attachments, falls in love with its caregiver/parents/siblings, etc.

Activities:
1.

2.

3.

**STAGE #3--(4-8 MONTHS OLD)** **EMOTIONAL DIALOGUE**
Reacts to things and people.

Activities:
1.

2.

3.

**STAGE #4--(8-12 MONTHS OLD)** **IMITATING**
Imitates individuals, animals, or characters.

Activities:
1.

2.

3.

# SOCIAL DEVELOPMENT IN INFANTS

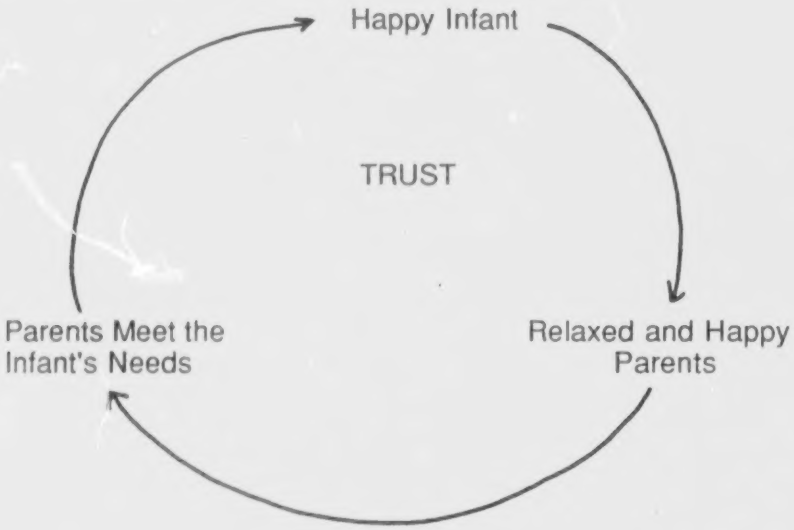
Infants are born with social instincts. They like to be held, talked to, and looked at. Some research shows that newborns even move their bodies to the rhythm of human speech. Infants also recognize social messages by the manner in which they are held and talked to. Infants also send social messages or communication back to others by way of cooing, smiling, and crying. Study after study has shown that social interactions and messages the infant receives during the first few months of life are vital in preparing the infant for a productive and socially and emotionally happy life. In these studies, they found that infants who were kissed, held, and comforted by their parents and caregivers were happier and healthier. Infants who are quickly calmed and soothed when they cry are also happier and healthier.

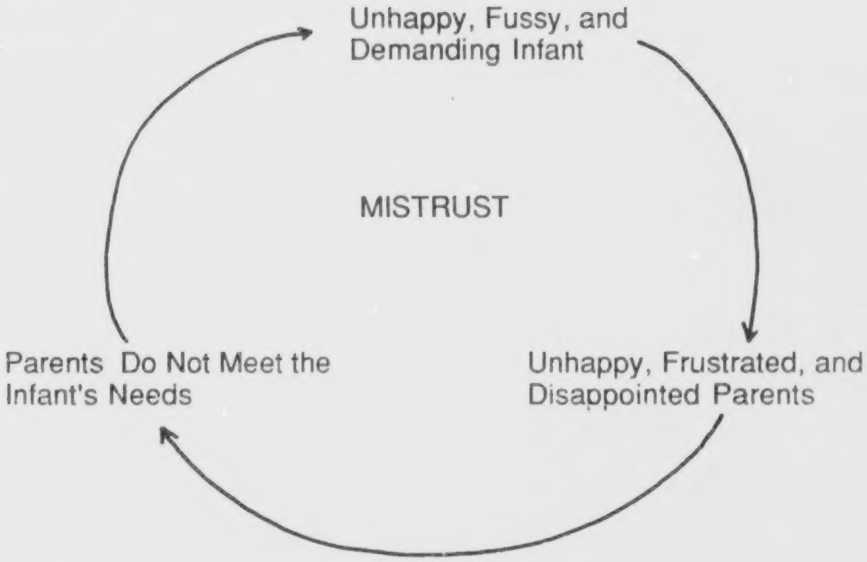
Around three to four weeks after birth, the infant begins to smile knowingly at parents and siblings. By the fourth to sixth month, infants can distinguish between strange and familiar faces. This is called stranger anxiety and is related to cognitive and emotional development. By the time an infant can crawl, he/she begins to initiate social behavior and contact. It is common for a 7- to 9-month-old to follow a parent or sibling around the house trying to get them to pick him/her up.

Research has also shown that infants do best with a mother figure and a father figure in the home. The study says that infants prefer their fathers over their mothers during play time. This is because fathers play more types of rough-and-tumble play. They play games that are new to the infant as well as making variations in the old games the infant is used to. Fathers also allow their infants to explore more, according to the study. Mothers are preferred over fathers during times of stress, such as when the infant is tired or sick or afraid of something.

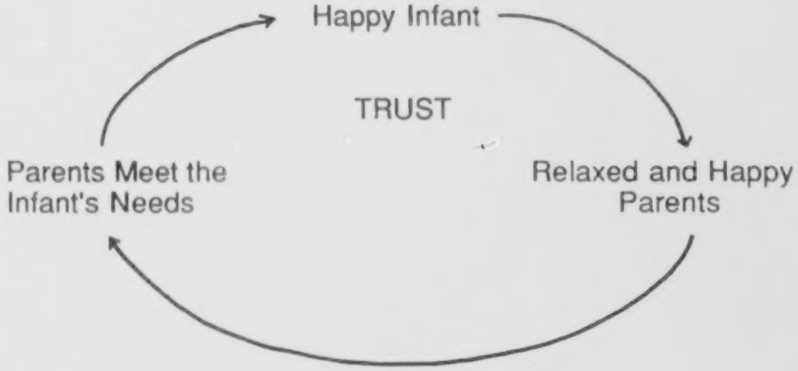
During the first year of life, the infant is learning to trust the world around him/her and the people in it. This is Erik Erikson's age of trust versus mistrust. The best way to help the infant develop trust is to have consistency in his/her life. Meeting the infant's basic needs as quickly as possible, like changing diapers, feeding, etc., can help him/her learn trust. Having a routine or schedule for daily activities helps. Keeping the infant's environment as consistent as possible and making changes from the routine or environment as gradual as possible are important for the infant to feel secure. If the infant does not develop a relationship of trust with his/her parents and caregivers, he/she learns to mistrust others and the world. The world provides many disappointments and problems if a child has not learned to trust.

Following is a trust versus mistrust cycle. This is a visual display of Erikson's theory of an infant developing trust or mistrust.


Happy Infant
TRUST
Parents Meet the Infant's Needs
Relaxed and Happy Parents


Unhappy, Fussy, and Demanding Infant
MISTRUST
Parents Do Not Meet the Infant's Needs
Unhappy, Frustrated, and Disappointed Parents

# TRUST CYCLE

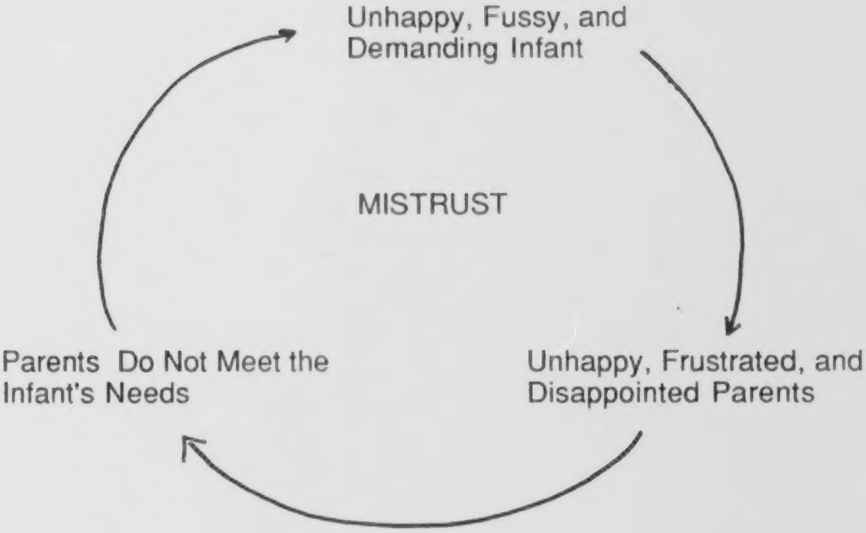


Happy Infant

TRUST

Relaxed and Happy Parents

Parents Meet the Infant's Needs



Unhappy, Fussy, and Demanding Infant

MISTRUST

Unhappy, Frustrated, and Disappointed Parents

Parents Do Not Meet the Infant's Needs

**UNIT:** Growth and Development **LESSON:** Toddlers--Physical

## COMPETENCIES:

1. Identify the physical development in toddlers. (Options 2, 5, 6, 7, 8, and 9)
2. Develop age-appropriate and safe activities for the physical development of the toddler. (Options 2, 3, 4, and 8)

## OVERVIEW/SUMMARY:

The toddler stage begins when the child starts to walk. When the toddler begins walking, a whole new world opens up before him/her as he/she develops rapidly. Toddlers love to explore everything.

## MOTIVATOR:

Ask the students to describe what it is that scientists or researchers do. For example, if a scientist or researcher was going to study an electronic watch, what would he/she do? (Write their comments on the board.) Their comments should include some of the following:

They would explore all aspects of the watch.
They would take it apart.
They would examine each piece closely.
They would probably like to see what would happen to the pieces or the whole watch under other circumstances: if they dropped it, threw it, put it in water, etc.
They would probably see if they could put it back together a different way.

Explain to the students that toddlers are called little scientists because they usually do things much the same as a scientist would: they take things apart, they explore anything and everything, and they love to discover how their world and the things in it work. Briefly share your own stories concerning toddlers and the things you have seen them do. Many people see these years as the terrible twos because of this discovery and exploration. They need to see it is as it really is--exploration and learning.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Toilet Tales Sesame Street, This is Me, I Can Do It Myself, There's Lots That I Can Do, Kathleen M. Harte, ISBN # 0-679-84798-7, or The Sandman.

OPTION 2--Competencies 1 and 2--**CDA VIII**
TODDLERS: Use the teacher information "Toddlers" to explain the term toddler and to discuss walking and shoes for toddlers. Discuss which toys or equipment are best suited for children just beginning to cruise and walk.

OPTION 3--Competency 2--**CDA I, Safety**
SAFETY: Discuss safety concerns now that the child is mobile and interested in searching and learning about the world. Because toddlers are so curious, many precautions must be taken to ensure their safety. Most accidents and injuries that occur at home are suffered by children under five years old. Ninety percent of these accidents and injuries could be prevented by taking precautions to childproof the home! Have the students read a segment on safety or childproofing from their text. They should list safety procedures or precautions learned from the reading. Use the transparency "Safety" on which to write their comments. There is also a key with suggested ideas. You may want to give each of the students a copy of the transparency to use as a worksheet. You could also make a learning (bulletin) board using the same information. Encourage students to share experiences they have had concerning the lack of child safety precautions.

OPTION 4--Competency 2--**CDA I, Safety**
VIDEO: Watch the segment on childproofing your home from the Parent's Video Magazine "Meeting the World."

OPTION 5--Competency 1--**CDA VIII**
HEIGHT AND WEIGHT: Discuss the height and weight growth that occurs during the toddler's years using the "TODDLER HEIGHT AND WEIGHT" transparency.

OPTION 6--Competency 1--**CDA VIII**
CLOTHING: Briefly discuss the information concerning clothing for toddlers using the transparency "CLOTHING FOR TODDLERS". You may want to bring a few examples of toddler clothing to show the class. Some examples should have growth and self-help features. Others should be restrictive and uncomfortable.

OPTION 7--Competency 1--**CDA I, 2-Health**
NUTRITION: Have the students read in a text or use the teacher information "Nutrition" to briefly discuss the nutrient needs and mealtime hints for toddlers. After discussing the information, have the students complete the worksheet, "WHAT SHOULD A TODDLER EAT?"

OPTION 8--Competencies 1 and 2--**CDA VIII**
TOILET TRAINING: Use the teacher information "Toilet Training." Show the segment concerning toilet learning from the video "Touchpoints," Volume 3, One Year Through Toddlerhood.

OPTION 9--Competency 1--**CDA VIII**
GROWTH FACTS: Review the basic growth facts with the class using the teacher information "Growth Facts." Students should complete the "Growth Facts Listening Guide."

## RESOURCES:

Toilet Tales
Andrea Wayne von Koningslow
ISBN: 0-920303-13-7

Parent's Video Magazine "Meeting the World"
Cambridge--Home Economics
P.O. Box 2154, Dept. HE12, Charleston, WV 25328-2153
1-800-468-4227, FAX 1-304-744-9351

"Touchpoints," Volume 3, One Year Through Toddlerhood
Phiper Films, Inc., 1-800-548-2121
$14.95 + $3.95 shipping and handling
NO PURCHASE ORDERS--Must use check, money order, Visa, Master Card, or American Express

# TODDLERS

The toddler years begin when the child begins to walk, sometime between 10-15 months of age, 12 months being the most common. However, before the child will walk, he/she will usually engage in cruising. Cruising is the term used for walking along the edge of furniture, using the furniture as support. Cruising helps the child gain large motor control and a sense of balance and the confidence needed to stand and walk unaided. If you observe a child cruising, you will probably see moments when the child will stand alone for a few seconds or try to walk from one piece of furniture to another and then realize what he/she is doing and quickly grasp for the edge of the closest piece of furniture he/she can find.

The term toddler came from the appearance of children when taking their first steps--they toddle back and forth. This toddling is caused from the head still begin oversized or out of proportion to the child's body. This causes the child to have to balance using the entire body, or in other words, toddle! Their posture is also naturally poor. Parents should not be concerned or try to make the child stand up and walk with a straight posture--it is impossible for them at this point. You may imagine yourself balancing on a balance beam and notice how you use your arms, your head, and your upper body to help you keep from falling over. This is how a toddler appears and probably feels. Gradually, the child learns to balance and have greater large muscle coordination and will walk more than toddle and will have improved posture. Show the transparency of toddling.

Bring in several different types (or pictures) of infant/toddler shoes for the class to examine while you explain about toddlers and shoes.

When children begin to show interest in walking or begin cruising, most parents become concerned about what type of shoes are best and what to look for when purchasing a pair of shoes. Researchers say that shoes are used for protection, regardless of the wearer's age. If a child is taking his/her first steps on a surface free from hazards, he/she does not need shoes at all. Walking barefoot will help build arches and strengthen foot and ankle muscles. You should remove all objects that a toddler may trip over or bump into. Walking outdoors is harder because hazards are not clearly visible. Therefore, shoes should probably be used outside.

The first rule of buying shoes is to take your child (and his/her socks) with you to the store. The child's shoes should be comfortable. It should have about half an inch between the baby's big toe and the end of the shoe with room to fit your pinkie in the back of the shoe. Test the fit while your child is standing with both shoes on.

Select a shoe with a flexible sole that will bend with the child's foot, but it should be firm behind the heel for support. Leather, cloth, and canvas are good materials that allow the baby's skin to breathe. Nonskid bottoms are a good feature. Be careful, however; babies grow out of shoes (and socks) quickly. Don't be surprised if you are back at the store in three months for another pair of shoes.

When a toddler is beginning to walk, it is helpful to provide the toddler with toys that help encourage him/her to walk.

PUSHING TOYS: These toys are greatly enjoyed by the new walker. They add a bit more stability and, therefore, confidence. Cart-like toys with low compartments with toddler-height handles are great for this. Other types include toy versions of adult equipment, like a toy lawn mower or shopping cart.

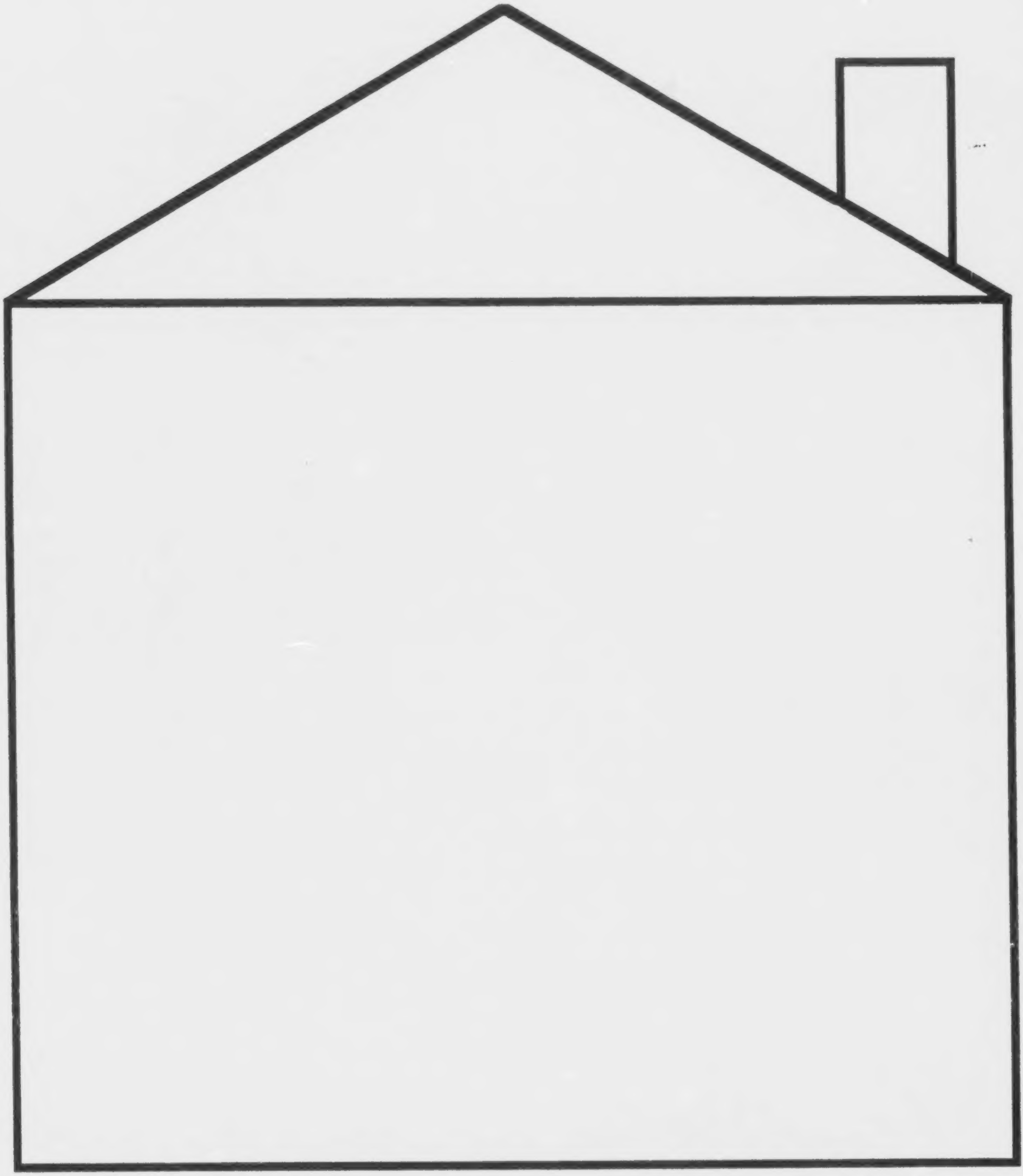
PULL TOYS: Pull toys that toddlers can string around behind them are also a favorite. Ducks, dogs, and other animals that move, pop, and/or make noise or music are big hits. However, the strings can be dangerous if the toddler should become entangled. Supervised play is a must with pull toys for this reason!

RIDING TOYS: Riding toys are popular items for the new walking toddler. Don't be surprised if the toddler pushes and rides backwards on the riding toy for the first little while. The coordination to move forward comes with time. Make sure that whatever style or type of ride-on toy you purchase has a low center of gravity, making the toy very stable and less likely to capsize or roll over.

WALKING GAMES: There are many games to play with a toddler who is learning to walk:

1. When the toddler is cruising, set up rows of furniture or chairs to make cruising easier.
2. Have two people sit on the floor and encourage the toddler to walk back and forth between the two of them.
3. Let the toddler "chase" you, making sure you let him/her "catch" you.
4. Take the toddler places where he/she can walk--the zoo, mall, or park.
5. Have the toddler collect or get things for you.
6. Give the toddler a bucket in which to collect items while you are at home or away.

# A HOME THAT IS SAFE AND SOUND



## SAFETY--KEY

To ensure safety with a toddler, get down on your hands and knees, at the toddlers level, and go from room to room, looking for possible hazards and danger. Pay close attention to what is within the child's reach. Put away objects that are small, sharp, or poisonous. The kitchen and the bathroom need to have extra safety precautions.

Toy boxes are not suggested. If you do have a toy box, make sure the lid is not hinged and has no lock.

Place a nonskid mat in the bathtub.

Store all products in their original containers.

Refrigerator magnets that are shaped like food can tempt toddlers to eat them. Be sure to keep them out of reach.

NEVER leave a child alone in the bathtub--not for even a second. A child can drown in only an inch of water!

When the child is able to stand alone, no stuffed animals or pillows should be in the crib; the child can use them to climb out of the crib.

Child-resistant covers should be on all trash containers.

Pet food dishes should be kept in areas that are inaccessible to toddlers.

Keep furniture with sharp, hard edges out of heavy traffic areas.

Hot water heaters should be set to a maximum of 120 degrees Fahrenheit.

# TODDLER HEIGHT AND WEIGHT

## AVERAGE LENGTH AND WEIGHT FROM ONE TO THREE YEARS

| AGE (in months) | HEIGHT | WEIGHT |
|---|---|---|
| 12 (1 yr.) | 30 INCHES | 21 POUNDS |
| 18 (1 1/2 yrs.) | 32 INCHES | 24.5 POUNDS |
| 24 (2 yrs.) | 34 INCHES | 27 POUNDS |
| 30 (2 1/2 yrs.) | 36 INCHES | 30 POUNDS |
| 36 (3 yrs.) | 38 INCHES | 32 POUNDS |

# CLOTHING FOR TODDLERS

## GROWTH FEATURES

Outfits made of stretch fabric
One-piece dresses without definite waistlines
Pants with elastic waistbands
Adjustable shoulder straps
Two-piece outfits
Deep hems
Tucks at the shoulders
Raglan and kimono sleeves
Cuffs on pants

## SELF-HELP FEATURES

Simple styles
Elastic waistbands
Large neck openings for slip-on shirts
Front, rather than back, openings
Hook-and-loop tape
Large buttons
Large zippers closed at the bottom
Stretch fabric
Easy to recognize fronts and backs of garments
Easy to reach pockets and buttons
Attached belts that fasten in the front
Outside edge of shoes marked

## NUTRITION

A child's serving is approximately one tablespoon of food for each year of the child's age. For example, if the child is three, he/she needs about three tablespoons of carrots to get one serving from the fruit and vegetable group.

One cup of milk or two slices of cheese or one-half cup of cottage cheese make up one serving from the dairy group.

At the beginning of the toddler stage, children like to use their improved coordination and small motor skills to feed themselves. These first self-feeding experiences will be messy. Not until children reach about 18 months of age will they be able to feed themselves, using a spoon, with little spilling.

Toddlers like finger foods such as cheese chunks, thin vegetable slices, peas, sections of hard cooked eggs, pieces of bread/sandwiches, melon pieces, and banana pieces.

During the second year of life, the child becomes very independent and mealtimes can be nightmares for parents. Giving the child choices can be helpful. For example, if a child wants cookies for breakfast try saying, "Cookies are not a good food for breakfast. Would you like pancakes or mush?" This gives them a chance to be involved in the decision of what they will eat.

During the second year, children should be able to feed themselves without any help. They should begin to use a small fork as well as a knife to spread or cut foods that are soft.

When children show a desire to sit at the table instead of a high chair, a booster seat should be introduced. This usually occurs between age two and three.

By age three, children have all of their primary or baby teeth. Therefore, they should be able to eat all the food that the family eats. Meat still should be cut into small pieces.

TEACHER NOTE: An excellent resource is "As They Grow" manazine from Gerber. Write or call and tell them how many magazines you need:

Bristol-Meyer Squibb Company
Attn. Tammy Fisher (P-30)
2400 W. Lloyd Expressway
Evansville, Indiana 47721
PHONE: 812-429-8438

Following are some helpful hints concerning toddlers, food, and mealtime:

1. Mealtimes should be on a regular schedule.
2. Parents and other siblings should model good attitudes about food.
3. Serve small proportions.
4. Do not force feed or show anger during mealtime.
5. Keep mealtimes pleasant and positive.
6. Try to eat together as a family.
7. Provide child-sized eating utensils and dishes.
8. Offer only one new food at a time.
9. Never use food as a punishment or a bribe. Eating is an expected behavior. Even saying, "You cannot have a brownie until you finish eating your vegetables," teaches children that vegetables are bad and brownies are good.
10. Make food look appealing in color, shape, and size. (You may ask the class if they have seen the movie "Mermaids." The mom, who was played by Cher, always prepared fun, interesting, and exciting foods. You may wish to show the students a children's recipe book with fun looking food in them.)
11. Remove the food from the child when there is more playing than eating.
12. Allow the child to help set the table, put spoons in bowls, and prepare simple foods.

Name ______________________ Hour __________

# WHAT SHOULD A TODDLER EAT?

| MORNING | SNACK | NOON | EVENING | SNACK |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# TOILET TRAINING

By the time toilet training occurs, about 6,000 diapers will have been used. The child must have control of the sphincter muscles before he/she can be toilet trained. The sphincter muscles control the opening and closing of the bowels and bladder. These are the muscles used when they have to go to the bathroom and they have to wait for a few minutes. Sphincter muscle control occurs around age two. The child needs basic language skills to express him/herself concerning this matter.

Timing of training varies from toddler to toddler. The average age for completeness is 28 months. Forcing a child to be toilet trained before he/she is ready usually backfires on parents. One mother told herself that her son would be toilet trained by the time he was two. The son was not physically or emotionally ready to be toilet trained at this time. It was not until the boy was 4 1/2 years old that he was finally toilet trained. There was nothing that the parents could do, nothing doctors could do, and nothing therapists could do. The bad experiences this boy had with his mother trying to force him before he was ready caused the unfortunate situation. If parents place too much emphasis on this training, the child may learn to use his/her abilities to control his/her parents.

Toilet training is a slow process. Parents should not expect the child to be toilet trained at the first sign of success or readiness. Use diapers for nights and trips until the training is completed. Adults cannot do toilet training to or for the toddler.

Emotional readiness must occur at the same time the child is physically developed. Toddlers must see the need to use the potty. Some toddlers must overcome fears of the potty.

Providing a toilet training chair will make this process easier. Some critics of toilet chairs say that they cause another step to be taken in the training process. However, most children are less fearful of a potty chair.

Dress the child in easy to manage clothes. The child should be able to remove his/her own clothing in order to use the potty chair. Snaps, zippers, and buttons make this process difficult for the child.

Remind the child to use the potty, but remember that too much praise adds too much pressure to achieve the next time.

If a child is ill or under excessive stress, stop training until life returns to normal.

The use of training pants will lessen messes from accidents. Critics of training pants, such as pull-ups, say they make the child feel like they are in diapers. Still it makes it more comfortable for the child if they wet or have a bowel movement.

Most of all, accept success and failure as a matter of fact. Life, happiness, and fulfillment do not come from potty training. It is just one step in growing up. Parents need to remember that the age a child is toilet trained does not reflect on their parenting skills. This is a natural process that will occur as the child matures physically and emotionally.

## GROWTH FACTS

On the average, a toddler needs to sleep 10-12 hours each night.

Toddlers usually have two naps, one in the morning and one in the afternoon. Some toddlers need more sleep than others. A nap can last as long as four hours or as short as twenty minutes.

Having a quiet time during each day helps the child learn that there are times to be quiet and to do activities that are quiet. If a child does not want to take a nap, a quiet time should be substituted. Quiet times do not have to be limited as substitutes for naps. Moments of quiet time should begin when the child is about one year old and last only a short time-4 minutes or so. The child can do activities such as looking at a book or playing with a quiet book. As the child gets older, quiet time should become longer, with a maximum of about a half hour.

Nightmares first occur during the toddler stage. When a child has a nightmare, you should calm the child by letting him/her know that you are near by and that nothing will hurt them.

The most important things to remember when helping a child prepare for bed are to have a regular routine and to be consistent.

A child has all of his/her primary teeth at about the age of 2 1/2 to 3 years.

To keep their teeth healthy and clean, what should toddlers do, in addition to brushing?

In addition to brushing their teeth, toddlers should eat "detergent" foods like apples, carrots, celery, plums, cucumbers, lettuce, and oranges. These foods have rough textures and natural acids that help dislodge and destroy harmful bacteria. A child's toothbrush should have short, soft bristles.

Eye-hand coordination is the ability to see an object and move the hand toward the object and grasp it. It is mastered during the later toddler years. (The teacher may wish to have the students put a lid on a pen by holding the lid in their teeth and placing the pen into it with their hand. This helps the students better understand what it is like to have mastered eye-hand coordination.)

Manipulation is the ability to use the hands, fingers, and thumb with exactness and precision.

Manipulative toys are small toy like games such as peg games or blocks. They are beneficial because they help a toddler develop manipulation and eye-hand coordination.

Large motor skills that are mastered during age one are walking, climbing stairs, and pulling a pull toy.

Small motor skills that are mastered during age one are turning pages of a book, mastering pincher grasp using thumb and forefinger to pick things up, scribbling with a large crayon or pencil.

Three large motor skills that are mastered during age two are jumping, walking up and down stairs, pushing off with feet on a scooting toy with wheels.

Small motor skills that are mastered during age two include holding a cup well, copying simple designs using crayon or pencil, screwing lids on and off containers.

Three large motor skills that are mastered during age three include skipping, balancing on one foot, riding a tricycle.

Three small motor skills that are mastered during age three include cutting with scissors, drawing recognizable pictures, buttoning and zipping, and unbuttoning and unzipping.

Name ______________________________ Hour ____________

# GROWTH FACTS LISTENING GUIDE

1. On the average, how much sleep does a toddler need each night?
2. Explain how many and how long naps are for toddlers.
3. Explain the concept of quiet time.
4. When does a child have his/her first nightmare? Explain how to handle a situation where a child has had a nightmare.
5. What are the most important things to remember when helping a child prepare for bed each night?
6. At what age does a child have all of his/her primary teeth?
7. To keep their teeth healthy and clean, what should toddlers do, in addition to brushing?
8. Explain what eye-hand coordination is and when it is mastered.
9. Define the term manipulation.
10. What do you think manipulative toys are and why would they be beneficial to toddlers?
11. List three large motor skills that are mastered during age one.
12. List three small motor skills that are mastered during age one.
13. List three large motor skills that are mastered during age two.
14. List three small motor skills that are mastered during age two.
15. List three large motor skills that are mastered during age three.
16. List three small motor skills that are mastered during age three.

**UNIT:** Growth and Development **LESSON:** Toddlers--Cognitive

## COMPETENCIES:

1. Describe signs of cognitive development in toddlers. (Options 2, 3, and 5)
2. Develop age-appropriate activities for cognitive development in toddlers. (Options 4, 5, 6, and 7)

## OVERVIEW/SUMMARY:

During the toddler years, the child learns how to communicate. He/she learns many concepts about words by experimenting and exploring.

## MOTIVATOR:

Discuss how at older stages in our lives, we often forget how the world used to look and how frightening or frustrating some situations, events, people, and objects looked when we were young. (Remember how long summer vacation was, or how big the desks in the classroom looked?) This seems to especially be the case with toddlers.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Look! Look! Look! or Each Peach Pear Plum

OPTION 2--Competency 1--**CDA II, 5-Cognitive**
LANGUAGE DEVELOPMENT: Discuss the information concerning language development in toddlers using the teacher information "LANGUAGE DEVELOPMENT" (use transparency "Basic Language Development"). A fun resource is A Little Pigeon Toad, by Fred Gwynne, ISBN #0-671-66659-2.

OPTION 3--Competency 1--**CDA II, 5-Cognitive**
SAY IT AGAIN, KIDS: Have the students complete the "SAY IT AGAIN, KIDS" worksheet in groups or individually.

OPTION 4--Competency 2--**CDA II, 5-Cognitive**
DEVELOPMENTAL GAMES: Have the students complete the "GAMES TO ENHANCE LANGUAGE/COMMUNICATION DEVELOPMENT." This can be done as an out-of-class assignment, or the teacher can arrange for toddlers to visit the class and have the students play the games with them in small groups. This can be done at the same time as the observation in option #5. A fun resource is A Chocolate Moose for Dinner, by Fred Gwynne, ISBN# 0-671-66685-1.

OPTION 5--Competencies 1 and 2
COGNITIVE DEVELOPMENT: Review the teacher information "Cognitive Development." Have students complete "Cognitive Activities for Toddlers."

OPTION 6--Competency 2
TOY PROJECT: Have the students complete the activity "Toy Project" by making bean bags, bucket to toss into, quiet books, blocks, etc.

OPTION 7--Competency 2
ACTIVITY: Have the students create their own idea for a responsibility chart for a toddler. This could be an assigned activity or extra credit.

# LANGUAGE DEVELOPMENT

It was discussed during the infant unit that children begin to communicate by crying, then cooing, and then babbling. By the time the child is twelve months old, he/she begins to say single words. These single words are called HOLOPHRASES. For example, the child may say "go" to mean "I want to leave now," or "mine" to say "This is my toy and I don't want you to play with it."

Basic language development follows the chart below:

| 12 MONTHS (1 year) | 18 MONTHS (1 1/2 years) | 24-30 MONTHS (2-2 1/2 years) | 30-36 MONTHS (2 1/2-3 years) |
|---|---|---|---|
| Makes up words<br>Understands simple instructions<br>Understands "NO" "mama" and "dada"<br>Says mostly syllables<br>Says a few words | Knows 10-20 words<br>Uses one- or two-word sentences<br>Identifies simple pictures<br>Asks "What's that?"<br>Tries to sing songs | Knows 50-250 words<br>Uses 2-3 word sentences<br>Refers to self by name<br>Talks to toys<br>Follows easy directions<br>Understands easy questions | Knows 400-1,000 words<br>Understands basic time concepts<br>Likes to hear a story many times<br>Uses longer sentences<br>Talks to self<br>Knows name, sex, rhymes, and stories<br>Follows and remembers simple directions<br>Asks "Why?" |

Because the sounds we use in speech are formed differently in our mouth, toddlers often make SOUND SUBSTITUTIONS for sounds they have not yet learned to make. For example, vowels are made with an open mouth, and some consonants like the "b" sound are voiced and some consonants are voiceless (like the "V" sound). The toddler may have a difficult time with the "r" sound, so he/she may pronounce the word red as wed. They substitute the "r" sound with the "w" sound. When a child sound substitutes, the parent or caregiver should not laugh at or make fun of the child, or even pronounce words the way the toddler does. Instead, the parent should acknowledge the sound or word with the correct pronunciation. For example, if the toddler says, "Wed twike," the parents should respond by saying, "Yes, that's your neat red trike!" This allows the child to hear the proper pronunciation without feeling unsuccessful for his/her attempt to communicate.

Children's first- or single-word communications are usually nouns—people that are close to them and objects they are familiar with; e.g., dad, mama, kitten, ball, baby, etc.

Action words or verbs are the next words used. These are words such as bye-bye, go, see, run.

Description words follow: big, fast, cold, hot.

Often toddlers use descriptive words for objects, animals, or people. For example, they may call a stove "hot" and a cat "meow."

Toddlers often OVEREXTEND, which means they call differing objects or people by the same name. They overextend the word. For example, they may say bye-bye to someone leaving, for food they have eaten, or "give me a break." They may call all elderly individuals grandma or grandpa.

Toddlers often OVER RESTRICT, which means they use a general word for a specific person or object. For example, the child calls his/her dad "man," or mom "lady."

Toddlers often SUBSTITUTE WORDS. This means they use a word they know for objects or people they cannot recall. For example, they may call a daycare provider or babysitter "mama" or call all animals a "dog."

Toddlers go from single-word sentences or holophrases to TELEGRAPHIC SENTENCES. Telegraphic sentences are sentences that express meaning in as few words as possible, like a telegram. Telegraphic sentences include duo sentences and multiple-word sentences.

Duo sentences come first. These are two-word sentences such as "me go," "mama stay," "dada sleep." Duo sentences are used by toddlers from about 18 months of age until age 2 or 2 1/2. They then add more words and form multiple word sentences. For example, a toddler's language progression is: "All gone juice" to "juice is gone" to "my juice is gone."

Parents and caregivers can encourage language development by allowing the toddler to explore and play and by encouraging communication. Talking to the child and naming, defining, and explaining things encourages his/her language development.

One of the easiest and yet most overlooked and important actions a parent can do to encourage language development is to respond to the child's attempt to communicate. Even when the child is a tiny infant and cries, the parent should respond and talk back to the child. Parents and caregivers should talk to the child during routine daily activities. These activities, like washing your hands or doing the laundry, etc., seem ordinary and routine to us, but to the child, especially the exploring toddler, they are fascinating and interesting. Therefore, talk about what you are doing and why you are doing it.

The following are specific examples of how parents and caregivers can encourage proper language development and communication:

1. Pause and wait for the child to answer your question.
   "Are you hungry?"
   Wait for response. If there is none, say "Yes?"
   Wait for response. "You are hungry. Doesn't a peanut butter and jam sandwich sound good?"
2. Talk in conversation form.
3. Use all types of sentences.
4. Use sounds in conversation. For example, instead of "the car went down the street," say "The car went RRR-RRR down the street."
5. Use clear and simple speech.
6. Pronounce words correctly. The toddler says, "My wed sert." The parent says, "Yes, you have a nice red shirt on, don't you?"
7. Connect objects with the correct name. For example, if the child is pointing to a glass of water going "aah, aah, aah," say "You want a glass of water." When the child is older, have him/her ask for the glass of water before giving it to him/her.
8. Define new terms. For example, the toddler sees a bus and says "car." "Yes, a bus is like a really big car." Or the toddler says, "look at the smoke." Say, "That does look like smoke, but we call it fog. Fog is like a cloud close to the ground."
9. Avoid "baby" talk. Using baby talk or even motherese or parentese at this point teaches the child to talk that way. Now that the child knows his/her name, he/she knows when you are talking to him/her.
10. Correct words by repeating what the child says correctly, not by scolding. The toddler says, "I singed a song." Parents say, "Yes, you sang a song to us."
11. Allow children to tell parent/caregiver of daily activities rather than having the childcare provider doing it.

There are many language games that children enjoy and learn from.

SHOW ME: Young toddlers love running around and pointing at objects. When an adult names objects for the toddler to touch, toddlers improve language skills as well. To help toddlers, make statements such as, "Show me where the door is." As the toddler touches the door, praise with a statement such as, "You are right, that is the door."

FOLLOWING DIRECTIONS: Give the toddler simple directions, using familiar objects. For instance, say to the toddler, "Bring the ball to me." Praise the toddler for following directions.

TELEPHONES: Listening to voices on a telephone and talking into a telephone can help language development. Toddlers enjoy toy telephones. Some types have recorded voices that talk with the toddler. Talking on a real telephone with adult supervision is also good language practice.

HERE WE GO ROUND THE MULBERRY BUSH: Acting out meanings of different words is very helpful to a toddler. This song allows you to sing and act out such lines as, "This is the way we eat our soup" and "This is the way we brush our teeth." Many other verses can be used.

# BASIC LANGUAGE DEVELOPMENT

| 12 MONTHS (1 year) | 18 MONTHS (1 1/2 years) | 24-30 MONTHS (2-2 1/2 years) | 30-36 MONTHS (2 1/2-3 years) |
|---|---|---|---|
| Makes up words<br>Understands simple instructions<br>Understands "NO" "mama" and "dada"<br>Says mostly syllables<br>Says a few words | Knows 10-20 words<br>Uses one- or two-word sentences<br>Identifies simple pictures<br>Asks "What's that?"<br>Tries to sing songs | Knows 50-250 words<br>Uses 2-3 word sentences<br>Refers to self by name<br>Talks to toys<br>Follows easy directions<br>Understands easy questions | Knows 400-1,000 words<br>Understands basic time concepts<br>Likes to hear a story many times<br>Uses longer sentences<br>Talks to self<br>Knows name, sex, rhymes, and stories<br>Follows and remembers simple directions<br>Asks "Why?" |

NAME ______________________________ HOUR __________

## SAY IT AGAIN, KIDS!

Toddlers begin to use language for communicating with others. It also helps them think. They learn to speak primarily through imitating other people. Therefore, it is very important that other people speak correctly around toddlers. This is called "modeling," or being an example to the child. There are basically four reasons to model language for toddlers:

a. To correct their grammar
b. To add a new word to their vocabulary
c. To teach them to say the word correctly
d. To teach them the correct meaning of the word

In the sentences below, identify the reason for correcting the child's statement by placing the corresponding letter, listed above, next to "Purpose." Then rewrite the sentence correctly.

1. Sentence: "Look! My *foots* are wet.
   Purpose: __________
   Rewrite the sentence correctly:

2. Sentence: "See that boy flying a *bird*."
   Purpose: __________
   Rewrite the sentence correctly:

3. Sentence: "The car *goes*."
   Purpose: __________
   Rewrite the sentence correctly:

4. Sentence: "I *wike* the *fwowers* in the garden."
   Purpose: __________
   Rewrite the sentence correctly:

5. Sentence: "Ouch! I just *trippeded*."
   Purpose: __________
   Rewrite the sentence correctly:

6. Sentence: "The kitten is *cute*."
   Purpose: __________
   Rewrite the sentence correctly:

7. Sentence: "Mommy, why do you *plug* your eyebrows?"
   Purpose: __________
   Rewrite the sentence correctly:

8. Sentence: "I love *pasketti*!"
   Purpose: __________
   Rewrite the sentence correctly:

## SAY IT AGAIN, KIDS!--KEY

a. To correct their grammar
b. To add a new word to their vocabulary
c. To teach them to say the word correctly
d. To teach them the correct meaning of the word

In the sentences below, identify the reason for correcting the child's statement by placing the corresponding letter, listed above, next to "Purpose." Then rewrite the sentence correctly.

1. Sentence: "Look! My *foots* are wet."
   Purpose: **A**
   Rewrite the sentence correctly: "Look! My **feet** are wet."
2. Sentence: "See that boy flying a *bird*."
   Purpose: **D**
   Rewrite the sentence correctly: "See that boy flying a **kite**."
3. Sentence: "The car *goes*."
   Purpose: **B**
   Rewrite the sentence correctly: The car **travels down the road**."
4. Sentence: "I *wike* the *fwowers* in the garden."
   Purpose: **C**
   Rewrite the sentence correctly: "I **like** the **flowers** in the garden."
5. Sentence: "Ouch! I just *trippeded*!"
   Purpose: **A**
   Rewrite the sentence correctly: "Ouch, I just **tripped**!"
6. Sentence: "The kitten is *cute*."
   Purpose: **B**
   Rewrite the sentence correctly: "The kitten is **soft and fluffy**."
7. Sentence: "Mommy, why do you *plug* your eyebrows?"
   Purpose: **A**
   Rewrite the sentence correctly: "Mommy, why do you **pluck** your eyebrows?"
8. Sentence: "I love *pasketti*!"
   Purpose: **C**
   Rewrite the sentence correctly: "I love **spaghetti**!"

NAME ______________________________ HOUR ____________

# GAMES TO ENHANCE LANGUAGE DEVELOPMENT

Create one game that could enhance a toddler's language development. Write the instructions of the game in the space provided and list any supplies needed. Try playing your game with a toddler and record your results.

NAME OF GAME: ______________________________

What skills will the toddler learn? ______________________________

______________________________

SUPPLIES: ______________________________

______________________________

DETAILED INSTRUCTIONS: ______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

RESULTS--Record the toddlers response during the game:

______________________________

______________________________

______________________________

______________________________

# COGNITIVE DEVELOPMENT IN TODDLERS

According to Piaget, toddlers are in the sensorimotor stage of learning until they turn two years of age. The sensorimotor stage is when the child uses his/her senses as well as his/her motor skills to learn and discover the world. At age three, the toddler enters the preoperational stage, according to Piaget. The preoperational stage lasts until the child is 7 years old and begins to learn concepts, but most of the concepts do not yet make a great deal of sense. For example, the toddler may believe that every Santa Claus they see is the "real" Santa Claus even though they may look different and may be just a block apart in location.

Toddlers learn and gain knowledge and information by doing everyday routine things: playing, eating, bathing, dressing, etc. Even the sound of water going down the drain in the bathtub is new and fascinating to a toddler. Parents and caregivers need to take advantage of everyday events to help the toddler learn. Providing opportunities for the toddler, who is striving desperately to become independent, to help care for himself/herself and to learn simple household tasks; e.g., having the child make his/her bed or help to make it, having the child dress himself/herself, having the child brush his/her teeth, having the child help do the dishes or help make a meal.

One way to assist a toddler in completing assigned tasks is to make a helping chart. They love charts that are made out of pieces to a character with its body pieces representing a different job. For example, the head could represent the child washing his/her face and brushing his/her teeth; the body section could represent the child dressing himself/herself and the arm could represent making the bed. As the child completes each responsibility or job, he/she can put each magnet piece on the back on the fridge until the figure is put together.

Providing opportunities for sensory stimulation will enhance a toddlers cognitive development. Activities that stimulate the sense of sight help the toddler learn about colors as well as lightness and darkness.

POSSIBLE ACTIVITIES:

**Looking at objects**: Ask the child to look at a certain place. It may be in the refrigerator or out of a window. Tell the child to pick out an object or two. Talk about the characteristics of the object with the child. Color, size, shape, function, and sounds it makes are some ideas. Talk about where the child may have seen the object another time or where you might see the object at a different time.

**Dark and light**: Use a shoe box with a lid and cut a hole in the side of it. Put an object inside the box. Put the lid on the box and ask the child to look inside the hole and tell you what is there. Explain that he/she cannot see the object because it is dark. Take the lid off the box and ask the child to look inside the hole. Explain that the child can see the object because it is light. Talk to the child about other instances where it is dark and light.

**Photo album**: Look through pictures in a family photo album. Talk to the child about who is in the pictures. Identify names and the relationship with the child. The child may be able to point out specific people, animals, and familiar items.

The sense of **TOUCH** helps the toddler learn the difference between rough, smooth, soft, or hard surfaces.

POSSIBLE ACTIVITIES:

**Recognizing objects by touch**: Put three or four familiar objects into a pillowcase or bag. Pull an object out of the bag. Ask the child to name the object. Show the child how to feel the object. As the toddler feels the object, the adult should explain and describe the texture. For example, a ball may feel soft and round. Continue this process with the other objects. After feeling all the objects, put them back in the bag. Let each child identify an object in the bag without peeking.

**Feeling tour of the yard**: Help the toddler find smooth and rough objects in the yard. Some textures might include smooth and rough rocks, a smooth blade of grass, rough bark, and a smooth rose petal. A sample of each can be brought inside for more feeling and describing.

**Feeling boards**: Make three to five matching pairs of boards by gluing materials to small blocks of wood. Materials may include sandpaper, felt, a smooth plastic sheet, fur, etc. The materials chosen should have very different textures. Have the toddler feel and look at each surface as you describe the texture. Put one member of each pair into a bag. One at a time, the toddler should match each block in the bag with the same block outside of the bag. Praise the toddler when he/she gets a good match. If the toddler does not get a match, encourage him/her to try gain.

The sense of **TASTE** helps the toddler learn about salty, sour, sweet, and bitter tastes and foods.

POSSIBLE ACTIVITIES:

**Sweet and sour**: Give the toddler a sugar cube and refer to it as something sweet. Have the toddler taste lemon juice mixed with water. Refer to it as sour. (Use equal parts of lemon juice and water. Pure lemon juice is too sour and can be hard on the teeth.)

**Sweet and salty**: Let the toddler taste a cookie, then a salty cracker. Use the correct terms to define the taste of each.

The sense of **HEARING** helps the toddler gain language and communication skills as well as learn rhythm and rhymes.

POSSIBLE ACTIVITIES:

**Naming sounds**: When you notice that a child hears a sound, stop for a moment and listen. Then say, "Do you hear the __________? I hear a ______________. Do you hear it, too?" Point in the direction of the sound.

**Animal sounds**: Sing with the child "Old MacDonald Had a Farm." While doing this, point to pictures of each animal. Start with a few of the toddler's favorite animals and gradually add more.

**Which soundmaker?** Play with a child while using a bell, a whistle, and a drum. Cover the child's eyes while you make a sound. Ask the child which soundmaker was used. (You could also record sounds on a tape and let the child point to the soundmaker.

**Sound cans**: Place a few objects such as paper clips, beads, rice, or sand into separate containers. Tape or glue the containers so that the toddler cannot open them. Have the toddler shake the sound cans to hear the differences between soft and loud sounds.

The sense of **SMELL** helps the toddler recognize familiar items from new items.

POSSIBLE ACTIVITIES:

**Select a few familiar objects that have distinct odors**. Show the toddler how to smell something by sniffing loudly. First, smell and talk about the smell of each object. Have the toddler close his/her eyes and identify each object by smelling it. If the toddler needs some help, name two objects from which the toddler can choose. For example, "Is this an orange or an apple?"

**What's cooking**: When cooking a food with a very distinct smell, sniff loudly and tell the toddler what you smell. For example, say, "I smell hamburger frying" or "I smell cookies baking." Later, ask the toddler, "What's cooking? What smells so yummy?"

Using their senses helps toddlers gain and form concepts and ideas about objects and people.

Problem-solving activities help toddlers learn how to solve a situation or problem. Toddlers solve problems in different ways. Sometimes they do it by trial and error. Sometimes they learn incidentally or accidentally. Other times they learn by imitating others.

POSSIBLE ACTIVITIES:

**Opening lids**: Place a small object in a container with a lid that snaps on. Show the toddler how it works. Let the toddler try to open it. When the toddler has mastered one type of lid, let him/her try a different one. For example, use lids that screw on. (Do not show toddlers or preschool children how a safety cap comes off.)

**Drop-in toys**: In the bottom of a box, cut a circle large enough for a ball to be dropped through. Show the toddler how to drop balls or other small objects through the hole and then retrieve the objects. (Or simply buy a sorting box.)

Other good problem-solving materials are puzzles, stacking and nesting toys, and playing hide-and-seek.

Activities in which toddlers use large and small motor skills help them develop cognitively. Using these motor skills helps them learn how their body works in relation to other items in the world. They also learn how objects work, like balls and push and pull toys.

POSSIBLE ACTIVITIES:

GROSS MOTOR GAMES

**Pick up the ball**: As a toddler stands, roll a ball and say, "Pick up the ball." Bend at the waist, showing the child that he/she must bend at the waist before playing this game.

**Climb and sit**: Place the toddler facing a sofa or a chair. The toddler's hands should be on the seat. Raise the toddler's knee to the sofa or chair and give a slight boost. Turn the toddler if needed. Help should be reduced after a few tries. (If the sofa or chair seems too high for the child, the seat cushion can often be removed. This way, the toddler has less distance to climb.)

**Push and pull**: These toys aids motor skills of crawling and walking. Push toys seem to be easier because the child can see the toy's action without walking backward or looking back over the shoulder.

**Riding toys**: Toys that the toddler pushes with the feet or that are mounted and ridden, such as bouncing horses, are good for developing gross motor skills.

FINE MOTOR GAMES

**Pounding pegs**: A peg and hammer set can help the child coordinate what is seen with the action. Toddlers should use both hands on the hammer to prevent the toddler from getting his/her fingers hit.

**Pop beads**: Unsnapping (and later, snapping) pop beads helps fine motor control. Toddlers love to wear pop beads as necklaces or bracelets. (These make a safe necklace because they pop open if they get caught on another object.)

**Blocks**: Building a tower with three to five blocks and knocking it over is very fun for toddlers. As they grow, they will build taller towers. Balancing the blocks in towers requires good fine motor control.

**Make a face**: Putting the eye, nose, and mouth on a felt face can be fun. The parts of the face are made from felt with Velcro backing. Because the pieces are small, the toddler should be supervised during play.

After discussing this information, use the "Cognitive Activities for Toddlers" worksheet to have the students design and create one sensory stimulation activity, one problem-solving activity, and one motor skill activity. These activities should be geared to the toddler-age child. Students may work in groups of five or six. Arrange for 8-15 toddlers to visit your class and have the groups of students play the game they created with the toddlers.

NAME ______________________________ HOUR ____________

## COGNITIVE ACTIVITIES FOR TODDLERS

Keeping in mind that toddlers learn while doing routine activities and while playing, create one game for each of the three activity categories listed below. Prepare to use the games with toddlers. Collect any supplies you need and write out the procedures you will use. We will then have toddlers come to class, and your group will play the games with the toddlers. Record the results of the activity.

## SENSORY STIMULATION ACTIVITY

Name of game ______________________________

What the child should learn ______________________________

Needed supplies ______________________________

Detailed procedure ______________________________

OBSERVATION:

Toddler's first name ____________________ Age ________ Gender ______

Toddler's actions during the activity ______________________________

Was the activity interesting to the toddler? ______________________________

Did the toddler learn what you planned for him/her to learn? Explain ____________

List any changes you would make if you used this game with a toddler again:

## PROBLEM-SOLVING ACTIVITY

Name of game ______________________________

What the child should learn ______________________________

Needed supplies ______________________________

Detailed procedure ______________________________

______________________________

______________________________

______________________________

______________________________

OBSERVATION:

Toddler's first name ____________ Age ______ Gender _____

Toddler's actions during the activity ______________________________

______________________________

Was the activity interesting to the toddler? ______________________________

Did the toddler learn what you planned for him/her to learn? Explain ____________

______________________________

List any changes you would make if you used this game with a toddler again:

______________________________

______________________________

______________________________

## MOTOR SKILLS ACTIVITY

Name of game ______________________________

What the child should learn ______________________________

Needed supplies ______________________________

Detailed procedure ______________________________

______________________________

______________________________

______________________________

______________________________

OBSERVATION:

Toddler's first name ____________ Age ______ Gender _____

Toddler's actions during the activity ______________________________

______________________________

Was the activity interesting to the toddler? ______________________________

Did the toddler learn what you planned for him/her to learn? Explain ____________

______________________________

List any changes you would make if you used this game with a toddler again:

______________________________

______________________________

______________________________

OPTION 6 --TODDLERS--COGNITIVE STUDENT

NAME ______________________________ HOUR ____________

## TOY PROJECT

Make a toy that will stimulate a toddler's physical and/or intellectual development. Make it bright and attractive and from materials that are usually found in a home. Be sure the toy is safe and durable. You will present your toy in class to a small group of students. During your presentation, you will need to tell how the toy helps a child's development, how much it cost to make, and how the toy should be used.

You must turn in this paper with your toy. Please have your name and the hour clearly seen on your toy.

Be sure to grade yourself.

| GRADESHEET: | | STUDENT | TEACHER |
|---|---|---|---|
| 1. DEVELOPMENT: Circle all that apply:<br>Intellectual<br>Small Motor<br>Large Motor | 10 | _____ | _____ |
| 2. DURABLE AND SAFE:<br>No sharp edges<br>No small parts<br>Does not break easily<br>Is durable | 10 | _____ | _____ |
| 3. EFFORT AND FUN:<br>Appealing<br>Variety<br>Time spent creating the toy | 10 | _____ | _____ |
| 4. COST:<br>What was the approximate cost? | 5 | _____ | _____ |
| 5. PRESENTATION TO THE CLASS | 10 | _____ | _____ |
| 6. TOTAL | 45 | _____ | _____ |

**UNIT:** Growth and Development **LESSON:** Toddlers--Social/Emotional

## COMPETENCIES:

1. Identify characteristics of emotional development in toddlers. (Options 2, 3, 4, 5, 6, 7, and 8)
2. Describe indicators of social development in toddlers. (Options 3, 4, 5, 6, 7, and 8)
3. Develop age-appropriate activities for social/emotional development in toddlers. (Options 4 and 6)

## OVERVIEW/SUMMARY:

Toddlers are at a very curious stage. They wonder about many things and have many fears. They deal with these fears in unique ways. Imaginary friends, security objects, temper tantrums, and separation anxiety are some of their concerns.

## MOTIVATOR:

EMPATHY: Have the students complete one of the activities listed on the "TODDLER EMPATHY ACTIVITY" sheet. After the students have completed the activity, discuss how they felt. Stress the importance that parents and caregivers need to understand life from the view of a toddler. Adults are often heard telling children to "Hold still," "Don't spill," "Hurry," and "Can't you do a better job than that?" Discuss that when adults recognize how the world is to the toddler, we become much more patient and understanding with the toddler. TEACHER NOTE: You may feel that this experience is meaningful enough to complete all of the stations. All worksheets and thought questions are included if you wish to complete the entire activity.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: There's A Monster in my Closet, You're the Scardy-Cat, Ira Sleeps Over, Where the Wild Things Are, I Was so Mad, Geraldine's Blanket.

OPTION 2--Competency 1--**CDA III, 8-Self**
SELF-AWARENESS: Discuss the teacher information "Self-Awareness."

OPTION 3--Competencies 1 and 2--**CDA VIII, ECD**
READING: Have the students use a text to complete the "STUDY GUIDE--TODDLERS" or discuss the information as a class.

OPTION 4--Competencies 1, 2, and 3--**CDA III, 10-Guidance**
NEGATIVISM AND TEMPER TANTRUMS: Discuss the teacher information "Negativism and Temper Tantrums." Review the transparency "HELPING TODDLERS WITH SELF-CONTROL."

OPTION 5--Competencies 1 and 2
SECURITY OBJECTS: Discuss the role of security objects during the toddler years. Have the students give their ideas and comments concerning their own security objects. Discuss positive ways in helping an older toddler "give up" his/her security object. Also discuss the role of imaginary friends during late toddlerhood. Research suggests that imaginary friends are normal. They offer the child social comfort and emotional release from fear, aggression, or even love and affection. Research also suggests that imaginary friends are typically seen in bright children and usually only the oldest child.

OPTION 6--Competencies 1, 2, and 3--**CDA VIII**
VIDEO: Show the 15-minute video segment "What's a Parent to Do?" concerning the "terrible twos" from the ABC News special and discuss the information.

OPTION 7--Competencies 1 and 2 --**CDA III, 10-Guidance**
SEPARATION ANXIETY: Use the teacher information "Separation Anxiety" to discuss this information with the class.

OPTION 8--Competencies 1 and 2--**CDA VII, Observation**
DON'T LEAVE ME!: Have students complete the observation "Don't Leave Me!" Share the results with the class.

**RESOURCES:**
There's A Monster in my Closet
You're the Scardy-Cat
Ira Sleeps Over
Where the Wild Things Are
I Was so Mad
The Grouchy Lady Bug

VIDEO: Show the 15-minute video segment concerning the "terrible twos" from the ABC News special and discuss the information.

Sesame Street--I Can Do It Myself

# TODDLER EMPATHY ACTIVITY

TEACHER PREPARATION:
The teacher will need to have these situations set up, as stations, before class. Leave a copy of the student instructions at each station.

SITUATION #1: Have copies of the mazes and black construction paper. Have these students tape their papers down to the desk while their partner holds the black paper and mirror so the student can only see the mazes in the mirror.

SITUATION #2: Get several small sweaters or turtle necks that have very small neck openings and are small for teenagers.

SITUATION #3: Have several very large plastic or paper cups filled to the top with water. Provide a towel and detergent for washing between groups.

SITUATION #4: You may wish to put a blanket on the floor. Have the students really exaggerate this situation.

SITUATION #5: Get a head band with weights attached to it, or get an artillery helmet from a surplus store. The object is to have the head be oversized and heavy.

SITUATION #6: Get a shirt with very small buttons and smaller button holes.

SITUATION #7: Have a stool available for students. The students legs should not touch the floor but dangle freely.

SITUATION #8: Make copies of a simple coloring book picture. Provide very dull scissors.

SITUATION #9: Have a timer and a simple puzzle. (Lauri puzzles are great for this!) Do not leave the puzzle in the box. The pattern is printed on the box and makes it too easy for high school students.

SITUATION #10: Have the students sit completely still for three minutes while they listen to a foreign language tape. Walk around the room and keep reminding them to be quiet. (Liken this to a toddler sitting through an adult's meeting.)

SITUATION #11: Give a short lecture while standing on your desk. (Liken this to a child always having to look up at a teacher who is much taller than they are.)

SITUATION #12: Have the students get the signatures of each class member. They must "walk" on their hands and knees. Have them observe how different things look from that angle. What is on the bottom of the table? Is the floor clean? etc.

Name ______________________________ Hour ____________

## STUDENT INSTRUCTIONS

Try to imagine what it would be like to be a toddler. The world would look like a totally different place than you are used to seeing and experiencing. Go to each station, in groups of 2-4, and complete the situation, trying to put yourself in the place of a toddler. After completing the situation, write your reactions and feelings concerning each activity. Be sure you leave each station neat and orderly for the next group. When you are finished with the entire activity, answer the thought questions.

| | |
|---|---|
| SITUATION #1: | Draw the shapes and your name while looking into the mirror. Your partner will use a sheet of paper to cover the page so you can only see in the mirror. Keep this paper with you for the rest of the activities. |
| SITUATION #2: | Have your partner put the sweater on you WITHOUT any help from you. Reverse the situation and you put the sweater on your partner. |
| SITUATION #3: | Drink out of a full glass of water, using only one hand to hold the glass. Don't spill! Each take a turn. |
| SITUATION #4: | Sit on the floor. Your partner will come to you and mess up your hair, pinch your cheeks, and talk to you in baby talk. Reverse roles. |
| SITUATION #5: | Place the helmet on your head. On your hands and knees, quickly "walk" around on the floor. "Walk" under the table and get the perspective of a small child. Reverse roles. |
| SITUATION #6: | Have your partner tape all four fingers on one hand together, close to the tips of your fingers. Put on the shirt and button all the buttons. Reverse roles. |
| SITUATION #7: | Sit on the stool so your feet dangle and do not touch the floor. Put your hands in your lap and sit perfectly still. Hold your feet still--do not swing them--while your partner times you for 3-4 minutes. Reverse roles. |
| SITUATION #8: | Cut out the picture. Use your left hand if you are right handed. Use your right hand if you are left handed. Each take a turn. |
| SITUATION #9: | Put the puzzle together using just one hand. Your partner will time you for one minute and keep telling you to hurry and cleanup. Reverse roles. |

Name ______________________________ Hour ____________

## THOUGHT QUESTIONS

1. What is the definition of "empathy" as found in the dictionary?

2. What is your personal definition of empathy?

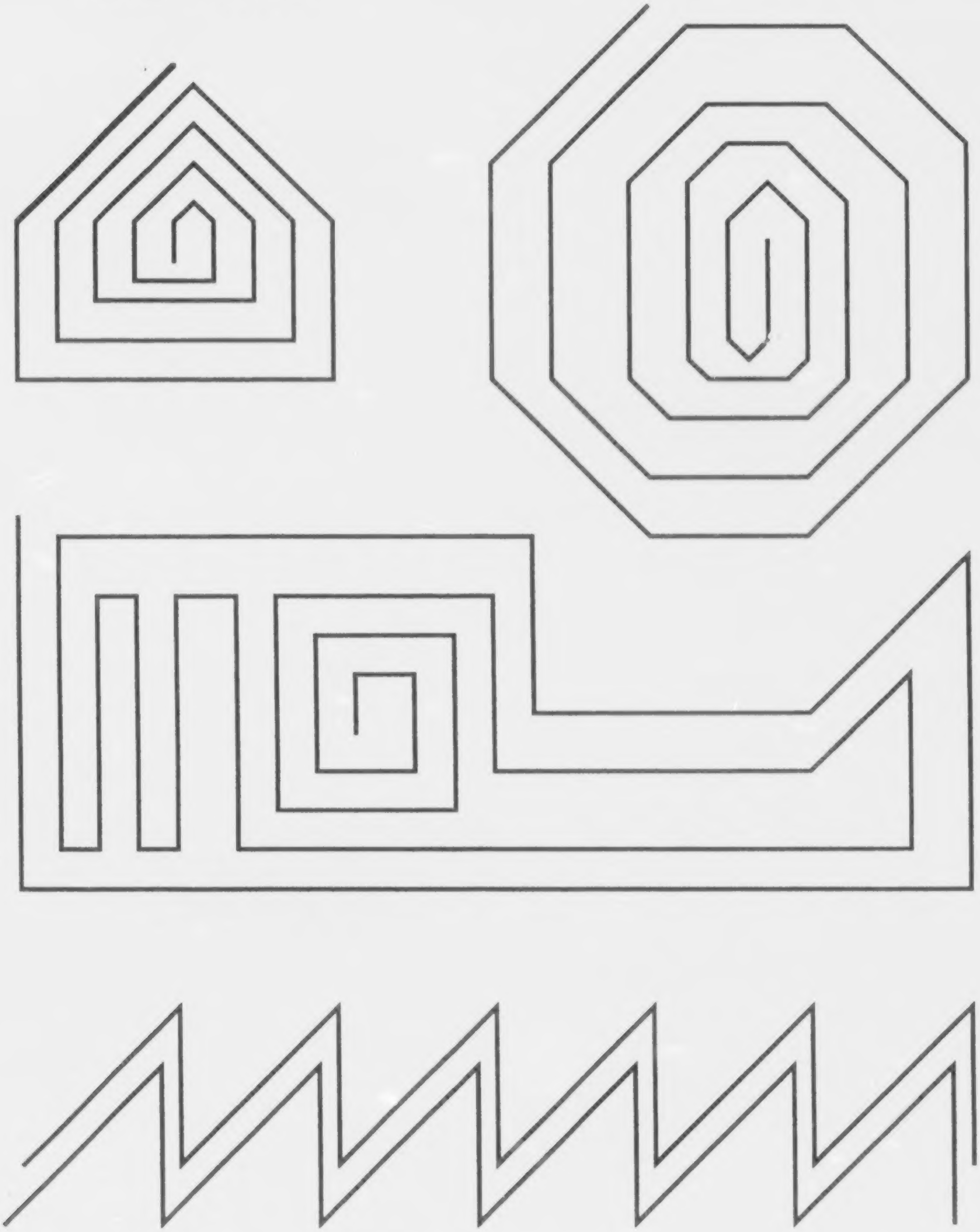
3. What are some of the problems that a toddler would have in everyday occurrences?

4. Explain what you think it is like to be a small child in an adult world.

5. How can you, as a caregiver, make life a little better and easier for a toddler?

6. What activity or situation was the most frustrating and difficult for you? Explain why.

# AMAZING



# SELF-AWARENESS

It is during toddlerhood that children gain self-awareness. They become interested in themselves and in what they can do and accomplish. This is related to being egocentric. Have the students form small groups and identify three games or activities that can be played with toddlers to help them gain and express self-awareness. (You may want to read the book, Sesame Street--I Can Do It Myself, to illustrate this point.)

Some sample activities:

NAME THE PARTS OF THE FACE: Place the toddler's hands on your face. Name each part of your face as the child feels it. Have the toddler name the parts.

MIRRORS: With the toddler on your lap, hold a mirror to reflect the toddler's face. Say, "Who is that? If the child won't answer, say, "That's you." Say the toddler's name.

DRESS UP: For children under three years of age, dressing up in old hats, purses, necklaces, and large flat shoes is very exciting. Play with the child and show them that you also want to dress up. Show them what to do and how to do it.

PRETEND: Have a pretend tea party with a toddler. Talk about different pretend food the same way you would talk about real food. If the toddler looks confused, say "How funny! We can pretend to have a party!"

A BOOK ABOUT ME: Photograph the toddler's daily activities. Place the pictures in a book, album, or in plastic bags that are fastened together with a string. Let the child look at the pictures and remember things he/she has experienced.

Name ______________________________ Hour ____________

# STUDY GUIDE--TODDLER SOCIAL/EMOTIONAL

1. List and explain Erikson's stage for the toddler:

2. List ways you can encourage the feeling of autonomy:

3. Explain the term "egocentric" and how it relates to the toddler.

4. Explain ways a parent can encourage socialization in toddlers.

5. Explain several ways toddlers express their emotions.

6. Explain the fears and anxieties commonly seen in toddlers.

7. How can parents/caregivers help a toddler overcome his/her fears and anxieties?

8. How do toddlers express affection?

9. How can a parent help toddlers express their anger?

# TODDLER SOCIAL/EMOTIONAL DEVELOPMENT

Erikson's stage for the toddler is autonomy versus shame and doubt. Autonomy is having self-control. Autonomy leads to pride in oneself and is achieved, or the child feels shameful and doubtful in himself/herself and/or the world.

There are many ways to encourage the feeling of autonomy in a child: praise the toddler, allow the child to make mistakes without criticizing him/her, make a safe learning environment for the child to play, allow the child to make decisions as often as possible.

The term egocentric means self-centered. Toddlers are egocentric and become fairly selfish. However, often toddlers are caring and thoughtful in an egocentric way. For example, if a Band-Aid helps them feel better when they are sick, they may give a Band-Aid to a parent if they say they are sick or have a headache. They may give a person their special blanket, doll, or stuffed animal if someone is sad or crying. They see their world only through their experiences and in an egocentric way.

A parent can encourage socialization in toddlers in many ways. An important way is by encouraging social interaction with other adults. The parents should leave the child with a trusted adult, like a grandparent, a close friend, or neighbor, once in a while. Allow the child to play with other children. If the child does not have siblings, let him/her go to a child care provider or become involved in a play group in which children near the same ages get together once or more times a week to play.

Toddlers usually express their emotions spontaneously and often show a wide range of emotions in just a few minutes. Toddlers also begin to sense others' emotions and usually imitate them. If a parent acts fearful, the toddler is most likely to act fearful as well. Toddlers have a difficult time differentiating fact from fantasy and may show a great deal of fear at new and different objects and people.

Fears and anxieties are commonly seen in toddlers. Toddlers fear monsters, witches, goblins, ghosts, etc., that they imagine in their mind. It is easier to understand this when you realize how adults encourage toddlers to believe in Santa, the Easter Bunny, the Tooth Fairy, etc., but not to believe in the other, more frightening make-believe characters. They are usually afraid of the dark as well as some animals. They are afraid of getting hurt, of loud noises made to frighten them, and nightmares. "Bad people" are also frightening to toddlers. "Bad people" meaning those with characteristics of or clothing like those portrayed in books and television.

It is important that parents/caregivers help toddlers overcome their fears and anxieties. Fears and anxieties should be handled in a matter-of-fact manner. The toddler's fears should not be made fun of nor should they be pushed into a situation they are afraid of. Adults should never say "There's nothing to be afraid of" and push the child's fears aside. Instead, toddlers should be encouraged to talk about what is frightening them and the adults should listen and help them overcome the fear. Remembering back to childhood, most people can remember their fears, like how the house settling and the heat kicking on sounded just like a monster or ghost coming in the room. Discussing the heat or the house settling and showing children what makes the sound can help them overcome their fear.

Toddlers may express affection in hugs, kisses, and giving toys or flowers (usually dandelions) to the person a toddler wishes to show affection to.

A security object (such as a blanket or a bear) is important in helping a child learn to comfort her/himself. If the object is a blanket , it can be cut in half so you can wash one half while the other half is being used. If it is a toy, make sure to select one that will survive being taken everywhere with the child. A security object becomes critical at bedtime. Parents may feel uncertain about security objects, especially when they become raggy looking, but the parent is usually worried about what other adults will think rather than the happiness and security of the child.

Imaginary friends are usually more important to a first or only child. Most three- and four-year-olds have imaginary friends. These are signs of a developing imagination. They give a child a safe way to find out who he/she wants to be. They help the child identify with people who are overwhelming to him/her. A child's life is usually enhanced by imaginary friends. They are a sign of healthy emotional and cognitive development. Parents should not be concerned unless the child likes to be isolated. Children use these friends to explore parts of their personalities that they could never learn about otherwise. They find out what their parents will allow by having their friends try things out for them. They are usually kept very private because when they are shared, they become ridiculed, and they lose their magic. The value of an imaginary friend is that it enriches a child's world and helps him/her work out real problems.

Anger is a common emotion seen in toddlers. It is usually caused by their under-developed motor and language skills, and their struggle for independence. When the child is angry, allow him/her an appropriate outlet for his/her anger, like running, hammering, playing kick ball, or punching a large bean bag.

Name ______________________________ Hour ____________

# TODDLER SOCIAL/EMOTIONAL DEVELOPMENT

1. List and explain Erikson's stage for the toddler:

2. List ways you can encourage the feeling of autonomy:

3. Explain the term "egocentric" and how it relates to the toddler.

4. Explain ways a parent can encourage socialization in toddlers.

5. Explain several ways toddlers express their emotions.

6. Explain the fears and anxieties commonly seen in toddlers.

7. How can parents/caregivers help a toddler overcome his/her fears and anxieties?

8. How do toddlers express affection?

9. Explain your feelings about imaginary friends.

10. How can a parent help toddlers express their anger?

# TODDLER SOCIAL/EMOTIONAL DEVELOPMENT--KEY

1. List and explain Erikson's stage for the toddler:
   **Any appropriate answer that correlates with the teacher information.**

2. List ways you can encourage the feeling of autonomy:
   **Any appropriate answer that correlates with the teacher information.**

3. Explain the term "egocentric" and how it relates to the toddler.
   **Any appropriate answer that correlates with the teacher information.**

4. Explain ways a parent can encourage socialization in toddlers.
   **Any appropriate answer that correlates with the teacher information.**

5. Explain several ways toddlers express their emotions.
   **Any appropriate answer that correlates with the teacher information.**

6. Explain the fears and anxieties commonly seen in toddlers.
   **Any appropriate answer that correlates with the teacher information.**

7. How can parents/caregivers help a toddler overcome his/her fears and anxieties?
   **Any appropriate answer that correlates with the teacher information.**

8. How do toddlers express affection?
   **Any appropriate answer that correlates with the teacher information.**

9. Explain your feelings about imaginary friends.
   **Any appropriate answer.**

10. How can a parent help toddlers express their anger?
    **Any appropriate answer that correlates with the teacher information.**

# NEGATIVISM AND TEMPER TANTRUMS

Negativism is commonly seen in toddlers. Negativism is doing the opposite of what others want and is closely related to autonomy: the toddler wants to do things by herself/himself. Because a toddler is going through a time of wanting independence, he/she becomes negative toward anyone who attempts to take away his/her independence. "NO" is the most common word said. This is why many people say that toddlers are going through the terrible-twos.

When you realize that "no" really means "let me decide for myself," you can work with toddlers much more easily.

Parents and caregivers of toddlers should limit restrictions to those that are most important to you as the parent. For example, if the child jumping on the bed is not a big deal to you, but the child going to bed at a certain time is, then be firm about going to bed and don't make a big deal about the child jumping on the bed. The parents must decide on a few (two or three) rules or limits that they want to enforce, then relax about the other things the child does. The key is being consistent about enforcing the limits and not allowing others, like neighbors, in-laws, or your own parents, to decide what YOU think is important. Your own mother and father may think it is horrible that you allow the child to jump on the bed, but if it is not a big deal to you, then don't let their opinions bother you.

If parents enforce too many limits or restrictions, the child is more likely to have many temper tantrums.

Temper tantrums at this age are normal and are usually displayed between ages two and three. They are a sign of a struggle for control and independence. When children do not get what they want, they may respond by yelling, screaming, kicking, biting, hitting, or holding their breath. They are frustrated with their inability to verbalize their feelings.

When the child has a temper tantrum, the parent should remember two goals:

1. Prevent the child from harming himself/herself.
2. Enforce limits you have set. (By giving in, the child learns to condition you. By having a temper tantrum, children can get anything they want.)

Parents/caregivers can reduce the chance of a toddler having a temper tantrum by recognizing some of the factors that influence temper tantrums and then doing their best to eliminate these factors. The following are factors that influence temper tantrums:

1. The toddler being overtired.
2. A disruption in the normal routine of life.
3. Too much excitement or activities (temper tantrums are often seen at the zoo).
4. Frustration of too many choices.
5. Frustration of too many restrictions.
6. Frustration at the lack of language ability.
7. Lack of firm, realistic limits.

There are many ways to help a toddler gain self-control. Let's quickly review them: (Use transparency "Helping Toddlers with Self-Control."):

1. Allow the toddler to make his/her own decisions, when possible.
2. Tell the toddler what is going to happen before it happens.
3. Give the toddler transition time from one activity to another. For example: You will need to put away your blocks in two minutes so that we can have lunch. Using the timer can also help to elevate the parent or caregiver from being the bad guy--the timer is!
4. Verbalize feelings of the child such as "I know you don't want to go to bed, but if you want to be strong and healthy, you must have sleep."
5. Play pretend games of obedience such as "Who can wash their hands first?"
6. Make requests in a pleasant tone of voice.
7. Remove difficult toys or play equipment that seem to frustrate the child.
8. Reduce or avoid demands when the toddler is tired, hungry, or ill.
9. Have enough toys or ideas to prevent boredom.
10. Offer to help when the toddler seems to need it.
11. Honor their small demands.
12. Praise the toddler for signs of self-control.
13. Leave the child alone during temper tantrums.
14. Comfort the child after a tantrum to assure him/her of your love but displeasure with his/her actions.
15. Talk to the child about how much happier his/she will feel if he/she avoids a temper tantrum.
16. Remember--toddlers do not reason, they just react.

Review the following situations with the class. How could an adult help prevent the child from having a temper tantrum?

SITUATION #1: You have just picked James up from his caregiver's home. It's been a long day for both of you. James is tired and hungry. So are you. As you approach the grocery store, you decide to stop and grab some bread and milk.

SITUATION #2: Stacey just had a birthday party. She received several nice, new toys from her grandparents. Now her cousin, Matthew has come over for cake and ice cream. He sees the toys and immediately wants to play with them. Stacey throws a temper tantrum and grabs all the toys in her arms and yells, "No! Mine!"

SITUATION #3: You have an important meeting at 3 p.m. It is now 2 p.m. and you are getting ready to go. You look downstairs and see that your toddler has strewn toys all over the basement. You yell at him to hurry up and get the toys put away. He just sits down on the floor and begins to scream, "No go!"

SITUATION #4: When you came home from the grocery store yesterday, you went to put the new cereal in the cupboard. There you found several partially full boxes of cereal. You placed them on the cupboard for breakfast the next morning. However, Greg, your toddler, does not want any of them. He is having a tantrum and yelling, "No, no! Cookie!"

# Helping Toddlers with Self-Control

1. Allow the toddler to make his/her own decisions, when possible.
2. Tell the toddler what is going to happen before it happens.
3. Give the toddler transition time from one activity to another.
4. Verbalize feelings of the child.
5. Play pretend games of obedience.
6. Make requests in a pleasant tone of voice.
7. Remove difficult toys or play equipment that seem to frustrate the child.
8. Reduce or avoid demands when the toddler is tired, hungry, or ill.
9. Have enough toys or ideas to prevent boredom.
10. Offer to help when the toddler seems to need it.
11. Honor the toddler's small requests (demands).
12. Praise the toddler for signs of self-control.
13. Leave the child alone during temper tantrums.
14. Comfort the child after a tantrum to assure him/her of your love but displeasure with his/her actions.
15. Talk to the child about how much happier his/she will feel if he/she avoids a temper tantrum.
16. Remember--toddlers do not reason, they just react.

# SEPARATION ANXIETY

Separation anxiety is the child's fear of being separated from a parent and/or caregiver. It is usually displayed by the child crying loudly and perhaps yelling and having a small tantrum.

Separation anxiety usually begins during infancy, around eight months of age, and lasts until age two. The peak time for separation anxiety is between 14 to 18 months of age.

Children are most likely to be affected by separation anxiety when they do not know or understand where their parents are going and when their parents will return. They feel abandoned by their parents at times.

Parents should do some of the following things to help ease separation anxiety in their children:

1. Prepare the child in advance about the separation time.
2. Explain to the child the activities he/she will be doing while you are away.
3. Tell the child when and by whom they will be picked up.
4. Do not prolong the good-byes. This makes it more difficult for the child and parent.
5. Be consistent about how you say good-bye.
6. Explain to the child where you will be. If you work, take the child to your workplace to visit so he/she understands what and where "work" is.

Name ______________________________________ Hour __________

# DON'T LEAVE ME!

Separation anxiety is a concern a child has when he/she is separated from a parent or caregiver. This anxiety is worse during the toddler years. Toddlers recognize the signs of a parent or caregiver preparing to go some place: getting dressed in work clothes, putting items in the car, going to the babysitter. Toddlers can be very vocal in protesting the separation.

When the parent or caregiver returns, it is interesting to see how the child reacts. Many will have a joyful reunion full of kisses and hugs. Some children will totally ignore the parent/caregiver as if to punish him/her for leaving the child.

Observe two different toddlers and adults during a separation and reunion. Complete your observations on the chart below. Be prepared to share this information with the class.

| AGE AND GENDER OF TODDLER | ACTIONS DURING SEPARATION | ACTIONS AFTER CAREGIVER HAS GONE | ACTIONS DURING REUNION |
|---|---|---|---|
| | | | |
| | | | |

**UNIT:** Growth and Development **LESSON:** Preschoolers--Physical

## COMPETENCIES:

1. Identify the physical development in preschoolers. (Options 2, 3, 4, 5, and 6)
2. Develop age-appropriate activities for physical development in preschoolers. (Options 3, 7, and 8)

## OVERVIEW/SUMMARY:

Preschool children are growing rapidly. Their heads are more in proportion with their bodies and their coordination is improving. It is important that adults provide them with toys and equipment to develop both large and small muscles.

## MOTIVATOR:

Here's a riddle for those of you who enjoy math. On the transparency PHYSICAL DEVELOPMENT OF THE PRESCHOOLER, you see the physical development of a preschooler. Answer the questions at the bottom of the transparency as if this growth pattern would continue for the next ten years.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Imogene's Antlers or The Napping House.

OPTION 2--Competency 1-**CDA VIII, ECD**
HEIGHT AND WEIGHT: Using the transparency, "Average Height and Weight of Preschool Children," discuss the height and weight averages of preschool age children. Explain how their bodies are in much better proportion. This allows the preschooler to do a great deal of activities with greater skill. Preschoolers have lost most of their baby fat. Use the teacher information "Muscle Development" to discuss the small (fine) and large (gross) muscle development. Have the students complete the "Preschooler Physical Development Observation."

OPTION 3--Competencies 1 and 2 -**CDA VIII, ECD**
STUDY GUIDE: Have the students complete the "Preschooler Physical Development Study Guide," using their text as a reference.

OPTION 4--Competency 1-**CDA I, 2-Health**
SLEEP: Discuss the sleeping needs of the preschooler and the concept of quiet times.

OPTION 5--Competency 1-**CDA I, 2-Health**
ENURESIS: Discuss enuresis (which is the inability to control wetting or having accidents). Emphasize the fact that children with enuresis cannot control their elimination and should NOT be punished or made fun of. Rather, they need individual help!

OPTION 6--Competency 1-**CDA I, 2-Nutrition**
NUTRITION: Briefly review the nutritional needs of preschoolers as well as ways to make food look attractive. Refer to Health and Wellness--Nutrition, Option 5 or 6, for additional information.

OPTION 7--Competency 2
PUPPETS: Discuss puppets and their uses. Have the students complete the puppet project. You may wish to eliminate the use of sack puppets and flimsy stick puppets because most students have made them previously. TEACHER NOTE: An easy option here is to bring a bag of old leftover socks and a box of buttons. Let students make a simple sock puppet and practice making up stories and telling them to one another.

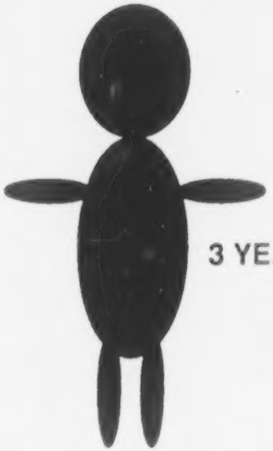
OPTION 8--Competency 2
LACING CARDS: Have the students design and make a set of lacing cards for preschool-age children.

# PHYSICAL DEVELOPMENT OF THE PRESCHOOLER

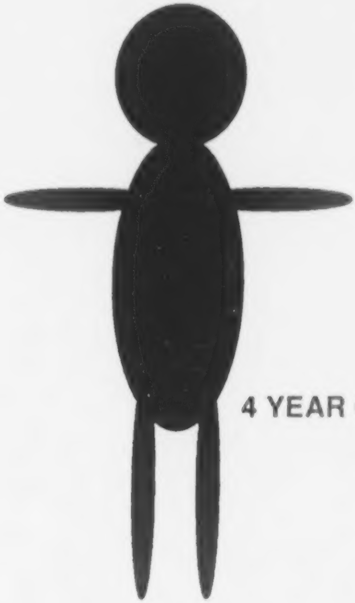
BRAIN = 75% of growth
HEAD = 1/5 of body size
HEIGHT = 37"-38"
WEIGHT = 32-33 pounds

BRAIN = 80-85% of growth
HEAD = 1/6 of body size
HEIGHT = 40"-41"
WEIGHT = 36-37 pounds

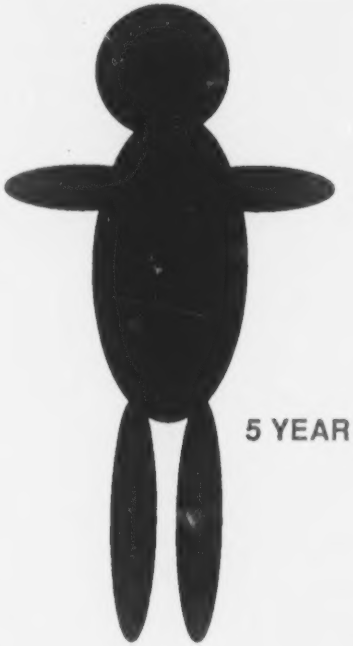
BRAIN = 90% of growth
HEAD = 1/7 of body size
HEIGHT = 43"-46"
WEIGHT = 40-45 pounds



**3 YEAR OLD**



**4 YEAR OLD**



**5 YEAR OLD**

If growth continued at this rate, in ten years, how much would this 5-year-old weigh? ______________

If growth continued at this rate, in ten years, how large would this 5-year-old's brain be? ______________

If growth continued at this rate, in ten years, how tall would this 5-year-old child be? ______________

If growth continued at this rate, in ten years, how large would this 5-year-old child's head be? ______________

# AVERAGE HEIGHT AND WEIGHT OF PRESCHOOL CHILDREN

| AGE | HEIGHT | WEIGHT |
|---|---|---|
| 4 | 40.75 inches | 36 pounds |
| 5 | 43.5 inches | 41 pounds |
| 6 | 46 inches | 46 pounds |

# MUSCLE DEVELOPMENT

Fine or small muscle development in preschoolers has improved greatly, largely due to greater DEXTERITY, which means the skilled use of the hands and fingers. The preschooler expresses joy at his/her new ability or skill by using it. For example, most preschoolers often enjoy cutting, pasting, painting, etc.--activities that involve small or fine muscle control and development.

The following is a list of small muscle skills and the age at which the preschooler usually masters them:

| | |
|---|---|
| Laces shoes | Age 4 |
| Cuts on a line with scissors | Age 4 |
| Makes a few letters | Age 4 |
| Copies a "t" | Age 4 |
| Ties shoe laces | Age 5 |
| Draws a recognizable person | Age 5 |
| Buttons/snaps/zips | Age 5 |
| Folds a paper along a drawn line | Age 5 |
| Copies another square or triangle on paper | Age 5 |
| Copes most letters in the alphabet | Age 5 |
| Writes an entire word and his/her name | Age 6 |
| Colors skillfully by staying inside the line | Age 6 |

Have the students brainstorm a list of games and/or activities that can enhance a preschoolers' small motor skills. Write the list on the board for students to compile a list in their notes. Show the students some small manipulative toys like Legos, Lincoln Logs, Magna Doodle, Bristle Blocks, Lacing, Peg boards, or Klondikes, and discuss how they also help enhance small muscle development.

By age two, preschoolers begin to show a preference of handedness. By age five, their handedness is consistent and, therefore, that hand becomes the most skillful.

Just as fine (small) motor development has improved greatly in preschoolers so has gross (large) muscle development. Preschoolers show their increased ability in activities such as skipping, racing, riding a bike, hopping, etc.

Following is a list of gross (large) motor skills that preschoolers master and the age at which they usually master it:

| | |
|---|---|
| Hops skillfully on one or the other foot | Age 4 |
| Pumps self on a swing | Age 5 |
| Rides a two wheeler | Age 5 |
| Runs quickly and more controlled | Age 5 |
| Balances on a beam | Age 6 |
| Throws and catches more accurately | Age 6 |

Part of gross motor development is rhythm. It also improves during the preschool years. Therefore, preschoolers enjoy interactive music and rhymes, jingles, and jumping rope.

Have the students stand up and do the Hokey Pokey (using a recorded tape of the music) or any other gross motor interactive activity that preschoolers enjoy.

Ask students to brainstorm gross motor activities that preschool-age children would enjoy and list them on the board. For example: red rover, musical chairs, partner clapping rhymes like "Say, Say, Oh Playmate," etc.

Name ____________________ Hour __________

# PRESCHOOLER PHYSICAL DEVELOPMENT STUDY GUIDE

1. Children ages four and five are often called ____________________.
2. Children of this age are known for their ____________________.
3. This is a time of practicing and refining ____________________ skills.
4. The average yearly increase in height is ____________________ inches. A general rule to remember is that children ____________________ their birth length in five years.
5. Most children gain about ____________________ pounds per year during this period.
6. Children tend to be taller and heavier than their ____________________, because we have better health care, diet, and health habits.
7. About the age of ____________________, children begin to lose their primary teeth. Their six-year molars are the first of the secondary teeth to appear.
8. Most ____________________ motor skills become well developed, and there is significant improvement in their ____________________ motor skills. The skilled use of both of their hands has improved. However, most children cannot tie their shoes until about age five.
9. Most children by age five consistently use either their right or left hand. Preference for the right or left hand begins before a child's ____________________. It is not a good idea to try to change a child's hand preference.
10. Children need ____________________ in maintaining cleanliness habits. Poor habits that are acquired can continue into adulthood.

Average motor skills:

| FOUR YEARS | FIVE YEARS | SIX YEARS |
|---|---|---|
|  |  |  |

# PRESCHOOLER PHYSICAL DEVELOPMENT STUDY GUIDE--KEY

1. Children ages four and five are often called **preschoolers**.
2. Children of this age are known for their **activity**.
3. This is a time of practicing and refining **physical** skills.
4. The average yearly increase in height is **2 1/2 to 3** inches.
5. A general rule to remember is that children **double** their birth length in five years.
6. Most children gain about **4-5** pounds per year during this period.
7. Children tend to be taller and heavier than their **parents**, because we have better health care, diet, and health habits.
8. About the age of **6** children begin to lose their primary teeth. Their six-year molars are the first of the secondary teeth to appear.
9. Most **large** motor skills become well developed, and there is significant improvement in their **small** motor skills. The skilled use of both of their hands has improved. However, most children cannot tie their shoes until about age five.
10. Most children by age five consistently use either their right or left hand. Preference for the right or left hand begins before a child's **second birthday**. It is not a good idea to try to change a child's hand preference.
11. Children need **help** in maintaining cleanliness habits. Poor habits that are acquired can continue into adulthood.

Average motor skills:

| FOUR YEARS | FIVE YEARS | SIX YEARS |
|---|---|---|
| **skips and hops** | **ties shoes** | **throws, catches ball** |
| **laces shoes** | **draws people** | **builds block towers to shoulder height** |
| **dresses/undresses** | **draws alphabet** | **cuts, pastes, molds colors skillfully** |
| **cut on lines** | **balances on tiptoe** | **writes entire words** |
| **can jump forward and up and down** | **buttons, snaps, zips clothes** | |
| **throws overhand** | **picks up small items** | |

## SLEEPING AND QUIET TIME

At about age four, children do not want to take a nap anymore. However, a quiet time, as talked about in the toddler unit, is still important to help the child relax during his/her busy day. It also teaches him/her how to be quiet and do quiet activities.

It is also about this age that boys and girls should have separate bed rooms. It is suggested that each child have his/her own bed.

The preschooler needs about 10-12 hours of sleep each night. A typical bedtime is around 8:00-9:00 p.m., making wake-up time about 7:00-8:00 a.m.

Preschoolers become more skilled at negotiating to stay awake longer. Parents need to remain fairly consistent about the bedtime routines to prevent this problem.

Name ______________________________ Hour ______________

# PUPPET PROJECT

Puppets are powerful learning tools for young children and a fabulous teaching aid for teachers, parents, and caregivers. Puppets offer children emotional release, sensory stimulation, large and small muscle development, problem-solving and decision-making opportunities, exploration, language development, creativity, and imagination.

There are many types of puppets: socks, gloves, stick, fabric, finger, etc. One type of puppet is not better than another type, just different. The activity or activities in which you will use the puppet should be the determining factor in choosing which type of puppet to make. However, whichever type of puppet you make, it should be durable and long lasting!!! Nothing is worse than a puppet that is falling apart! Therefore, puppets should not be put together with glue because they will not last.

Suggestions of materials for making puppets:

> terry cloth, velvet, felt, fly swatters (new ones, of course), dishmops, pliers, broom, wooden spoons, velour, suede, gloves, socks, hats, tongue depressors, mittens, styrofoam packing, coat hangers, plastic packing materials, egg cartons, paper bags, paper plates, paper cups, drinking straws, paper towels or bathroom tissue tubes, plastic bottles, boxes, fake fur, quilted fabric, etc.

You will make a puppet of your own and present it to the class. This puppet can be any type, size, shape, etc. You will be graded for creativity, durability, effort, and intended use. "Intended use" means how you will use your puppet. Will it have a name? Will you use it as a transition object? Will it talk just to you or to all the children? Will you use it in a story? Which story? Will it be used primarily for physical activities, or will it be used for more quiet activities?

You must turn in this paper with your puppet. Make sure your first and last name are securely attached to your puppet before you turn it in.

| | | POINTS POSSIBLE | STUDENT GRADE | TEACHER GRADE |
|---|---|---|---|---|
| 1. | Intended use(s) | 15 | ______ | ______ |
| 2. | Durability | 15 | ______ | ______ |
| 3. | Creativity | 10 | ______ | ______ |
| 4. | Effort involved | 10 | ______ | ______ |
| 5. | Total | 50 | ______ | ______ |

**UNIT:** Growth and Development **LESSON:** Preschoolers--Cognitive

## COMPETENCIES:

1. Describe signs of cognitive development in preschoolers. (Options 2, 3, and 4)
2. Develop age-appropriate activities for cognitive development in preschoolers. (Options 5, 6, and 7)

## OVERVIEW/SUMMARY:

Cognitive development in preschoolers is exciting. It is the stage where they actually begin to think more like an adult. They can reason and see beyond the immediate situation.

## MOTIVATOR:

Preschoolers are in the preoperational stage, meaning before mental activity can begin. They are trying to put words, symbols, and meaning into their lives. This is the age where many children say funny, innocent things. For example, after attending a parent/teacher conference, a mother told her daughter that she liked the child's teacher. The child responded, "Mom, you can pet her if you want." Obviously this child had pets and knew that petting something was a sign of friendliness. Another child, Matthew, age 3, was helping his mother and sister make cookies. His mother said, "Now, we just need a little more flour." She turned her back to get more flour and the remaining ingredients. When she turned back around to finish the cookies, she saw many green pieces of flower leaves in the dough. She looked at Matthew. He was grinning from ear to ear. He had got more "flower" for his mom! These are just examples of the cognitive abilities of preschoolers.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: If You Give A Moose A Muffin or If You Give A Moose A Cookie

OPTION 2--Competency 1--**CDA VIII, ECD**
STUDY GUIDE: Have the students complete the "Preschoolers Cognitive Development Study Guide" using their textbook as a reference, or give a mini-lecture from the teacher information, "Cognitive Development in Preschoolers."

OPTION 3--Competency 1--**CDA VIII, ECD**
PREOPERATIONAL STAGE: Discuss the information in the teacher notes concerning Piaget's pre-operational stage in which preschool-age children belong.

OPTION 4--Competency 1
SLOGANS: After discussing the information on preoperational thought, read the book The King Who Rained by Fred Gwynne, ISBN 0-671-66363-1, and discuss how it illustrates preoperational thought. Have the students create their own preoperational slogan similar to those in the book. They may do this in groups or individually.

OPTION 5--Competency 2--**CDA VII**
LEARNING CENTERS: Split the class into five different groups. Set up the room with five different learning centers: 1) sorting activity, 2) classifying activity, 3) seration activity, 4) transformation activity, and 5) a reversal activity. Allow the students to complete the activities and rotate so they get to play all five of them. When they are finished, discuss each activity and how it enhances the preoperational thought of the preschool-age child. (For ideas, you may wish to refer to Children and the Early Years, pages 309-311.)

OPTION 6--Competency 2
FLANNEL BOARD STORIES: Discuss how telling flannel board stories to the children encourages them to listen and communicate. Allowing preschoolers to actually use the flannel board pieces and a flannel board to make up and tell their own stories enhances their language skills, cognitive development, imagination, and creativity. Have the students complete the flannel board story project. Discuss the flannel board stories helpful hints. Discuss flannel board storytelling techniques. The day the stories are due, place students in groups of five or six and have them TELL, not read, their stories to the students in their group.

OPTION 7--Competenty 2
MEMORY GAMES: Have students make a memory game for preschool-age children.

# PRESCHOOLERS COGNITIVE DEVELOPMENT

Piaget described the age from two until seven as the preoperational-thinking stage. Some signs of preoperational thinking are:

a. Children learn that objects and words can be symbols.
b. Children learn through fantasy, creative, and dramatic play.
c. Children continue to view the world in terms of themselves. They are self-centered.
d. Children find it difficult to focus on more than one thing at a time.

The first intelligence test was developed by the French psychologist, Alfred Binet, in 1905. Later, Stanford University adapted the test. It is now called the Stanford Binet test.

The score or intelligence quotient (IQ) is simply a number that tells whether a child shows intelligence that is average or above or below average for his/her age. The average IQ is 90 to 110.

Four-, five- and six-year-olds learn from a wide variety of experiences.

The following techniques are helpful when working with children:

a. Look for opportunities to talk with children about what they are doing.
b. Ask questions that require more than a yes or no answer.
c. Ask a child's opinion or views about something.
d. Children need to be included in cleanup tasks.
e. Talk to children when traveling or going places about what they see and visit.
f. Help children to learn and understand their world through experiments.

Whether or not children enjoy reading, art, and music depend largely on the attitudes of their parents.

By school age, language ability is one of the most dependable indications of intellectual development.

Name ______________________________ Hour ______________

# PRESCHOOLERS COGNITIVE DEVELOPMENT STUDY GUIDE

1. Piaget described the age from two until seven as the ______________ thinking stage.

2. Some signs of preoperational thinking are:
   a. Children learn that objects and words can be _________________ .
   b. Children learn through fantasy, creative and dramatic _________________.
   c. Children continue to view the world in terms of themselves. They are _________________.
   d. Children find it difficult to focus on more than _________________ thing at a time.

3. The first intelligence test was developed by the French psychologist, _________________, in 1905. Later, Stanford University adapted the test. It is now called the _________________ _________________ test.

4. The score or intelligence quotient (_________________) is simply a number that tells whether a child shows intelligence that is average or above or below average for his/her age.

5. The average IQ is _________________ to _________________ .

6. Four-, five- and six-year-olds learn from a wide variety of _________________.

7. The following techniques help when working with children:
   a. Look for opportunities to _________________ with children about what they are doing.
   b. _________________ questions that require more than a yes or no answer.
   c. Ask a child's opinion or _________________ about something.
   d. Children need to be included in _________________ tasks.
   e. Talk to children when traveling or going places about what they _________________ and _________________ .
   f. Help children to learn and _________________ their world through experiments.

8. Whether or not children enjoy reading, art, and music depend largely on the attitudes of their _________________ .

9. By school age, language ability is one of the most dependable indications of _________________ .

# PRESCHOOLERS COGNITIVE DEVELOPMENT--KEY

1. Piaget described the age from two until seven as the **preoperational** thinking stage.
2. Some signs of preoperational thinking are:
   a. Children learn that objects and words can be **symbols** .
   b. Children learn through fantasy, creative, and dramatic **play**.
   c. Children continue to view the world in terms of themselves. They are **self-centered**.
   d. Children find it difficult to focus on more than **one** thing at a time.
3. The first intelligence test was developed by the French psychologist, **Alfred Binet**, in 1905. Later, Stanford University adapted the test. It is now called the **Stanford Binet** test.
4. The score or intelligence quotient (**IQ**) is simply a number that tells whether a child shows intelligence that is average or above or below average for his/her age.
5. The average IQ is **90** to **110** .
6. Four-, five- and six-year-olds learn from a wide variety of **experiences**.
7. The following techniques help when working with children:
   a. Look for opportunities to **talk** with children about what they are doing.
   b. **Ask** questions that require more than a yes or no answer.
   c. Ask a child's opinion or **views** about something.
   d. Children need to be included in **cleanup** tasks.
   e. Talk to children when traveling or going places about what they **see** and **visit** .
   f. Help children to learn and **understand** their world through experiments.
8. Whether or not children enjoy reading, art, and music depend largely on the attitudes of their **parents** .
9. By school age, language ability is one of the most dependable indications of **intellectual development** .

# PREOPERATIONAL STAGE

Piaget places preschoolers in the preoperational stage, meaning before mental actions. Piaget's theory states that three abilities or standards must be met before operations or mental activity can exist. The preschooler is working to master these tasks.

1. Mental actions must be dependent on mental ability instead of senses and/or motor skills.
2. Mental actions must be considered logical. To be logical, the child must be able to combine or add ideas, put things in order or sequence, and to engage in simple consequential or cause-and-effect thinking.
3. Mental actions have to be able to be reversed in the child's mind. For example, if a certain route or course is taken to grandpa and grandma's house from the child's own house, they should be able to reverse the course on the way home.

There are also five abilities that the preschool-age child characterizes in the preoperational stage:

1. Deferred imitation: the child imitates, as closely as he/she can, actions he/she has seen before; e.g., a child feeding a doll the same way and doing and saying the same things that his/her mother did as she fed the baby the day before.
2. Symbolic play: This child uses symbols for the real world as he/she engages in make-believe play. This involves more than imagination, it involves aspects of how the child feels about his/her world.
3. Drawing: The child does not just scribble anymore. He/she draws recognizable pictures. He/She attempts to represent objects or people from his/her world in his/her drawing. However, the child's artwork is not visually accurate. It is how the child thinks.
4. Mental images: the child can pull images from his/her memory about past experiences.
5. Language: the child must be able to identify in his/her mind the object or person when it is named AND be able to identify an object or person by name when he/she sees it. Language is very abstract. For example, the word "cookie" doesn't smell like, look like, or sound like what a cookie is, but the word "cookie" represents a cookie.

Because children learn best by doing, this is how a parent or caregiver can best enhance cognitive development--allow the child to play with and actively interact with objects, games, books, and people. While the child is playing or even engaging in a common, everyday routine or activity, parents/caregivers should ask inquisitively about the questions and allow the child to formulate his/her own ideas. Help the child be aware of things around him/her. Point out new things, answer his/her questions, and encourage him/her to question you.

# LEARNING CENTERS

Some suggested learning centers are:

1. SORTING: Household objects such as buttons, silverware, game pieces, peg board pieces, color chips, blocks with different shapes, blocks made out of different materials. (Classroom sorting materials are available from Lakeshore, LC 448, DA121, LC373, DA195, LC95, WE12, LC94.)
2. CLASSIFYING: Natural objects such as boys/girls, cars/trucks, dolls or people by hair color, big/little, tall/short, zoo animals/farm animals.
3. SERATION: Line up the class members according to height. Have a pile of rocks and have the children line them up according to the weight of each rock. Stories such as "Goldilocks and the Three Bears" and "Three Billy Goats Gruff" include differences in characters such as young/old, big/little.
4. TRANSFORMATIONS: Cook any product and notice the change. Add warm water to preset Jell-O. Freeze water or thaw an ice cube or snow. Have pictures of children growing older. Plant a seed and watch it grow. Make playdough, cookies, or cake.
5. REVERSAL: Lace up a shoe, tie it, and then unlace it. Build a sand castle and then smash it. Build a block tower and push it down. Use zip, snap, and button dressing frames or Classroom Sequencing Library (LX 970X, Lakeshore).

Lakeshore Learning Materials Catalog
2695 E. Dominguez St.
P.O. Box 6261
Carson, CA 90749
1-800-421-5354

# FLANNEL BOARD STORIES

Flannel board stories are a unique way to use visual and words together. Children enjoy them because the visuals are usually larger than in most books. If the visuals are hidden until they are put on the board, it keeps the children in suspense. Therefore, it promotes active listening and learning. When children are involved, they are more likely to remember. Visuals for stories can be left out in the quiet center of a room. This will give the children the opportunity to tell their own stories using the visual. This increases their language skills.

Use the following guidelines to make a flannel board story of your own.

1. STORY: Choose a simple story that is appropriate for the age of children to whom it will be presented. Stories should be fun and exciting and have several characters. Many stories teach morals, values and facts, and promote good habits and behaviors. Choose stories to which the children can relate. They love fun and humorous stories. Once you have chosen a story, type the story, double spaced. This will make it easier for you to read the story.

2. VISUALS: Select visuals that are true to life. They might only see a picture and never see the real thing. It is important for them to begin building a memory bank of actual pictures. This helps when they begin to read; they will associate pictures in their minds. Pictures can be drawn or traced from magazines or books. A great source of pictures is children's coloring books. Make sure pictures are large enough to see from about 10 feet away.

   Visuals should be colorful and bright. Magic markers, Artex paints, or crayons work well when coloring the pictures.

   Some quality materials from which to make pictures are colored construction paper, felt, pellon, tack bard and cardboard. Another option is to mount the picture on heavy paper and cover it with clear contact paper. All materials need to be checked to make sure they attach themselves to the flannel. If the materials do not stay, use felt, sand paper, or flannel on the back to ensure that they will stay on the board. Plain paper cutouts are not acceptable.

3. PUTTING THE WORDS AND VISUALS TOGETHER: Practice saying the story in your own words and using the visuals at the same time. Keep the visuals in a secret spot behind the flannel board. That way children are not able to see what picture will be put up next. This will keep their interest and attention.

4. MAKE ALL STORIES FUN AND ENJOYABLE!

# FLANNEL BOARD STORYTELLING TECHNIQUES

1. Place the flannel board on a low table where every child will be able to see it.
2. As the storyteller, sit in such a way that the children will be able to see the board.
3. Number the figures, on the back, in order of when they appear in the story.
4. If more than one figure is on the board at a time, place them in a left to right sequence whenever possible. This is a reading-readiness skill we can teach in subtle ways such as this.
5. Keep figures out of sight until they are placed on the board so the children will not be distracted by them.
6. Place figures on the board when they appear in the story.
7. Remove figures as soon as they are no longer a part of the action of the story; keep the flannel board from getting cluttered.
8. Be sure to make flannel board figures available for children to use independently during free play. They will enjoy retelling the story and making up new stories using the same figures.
9. Allow the children to place the flannel board figures on the flannel board while the story is being told. This keeps the children attention and gets them involved in the story.

# FLANNEL BOARD STORY ASSIGNMENT

You will make one flannel board story and present it in small groups during class. You may use a story that has already been made up, or you can make up one of your own. You need to have colorful figures to go along with your story. The story must be type written with indications of when and which figures are to be used.

GRADE SHEET:

| | | POINTS POSSIBLE | SELF-EVALUATION | POINTS EARNED |
|---|---|---|---|---|
| 1. | Bright and neat figures | 10 | ________ | ________ |
| 2. | Durability | 10 | ________ | ________ |
| 3. | Story | 10 | ________ | ________ |
| 4. | Numbered figures and story | 10 | ________ | ________ |
| 5. | Organization | 10 | ________ | ________ |
| 6. | Total | 50 | ________ | ________ |

**UNIT:** Growth and Development **LESSON:** Preschooler--Social/Emotional Development

## COMPETENCIES:

1. Discuss social and emotional aspects of preschoolers. (Options 2, 3, 4, 5, 6, 7, and 9)
2. Develop age-appropriate activities for physical, cognitive, emotional, or social development in preschoolers. (Option 8)

## OVERVIEW/SUMMARY:

The preschool years are the play years and a time of friendship.

## MOTIVATOR:

Have the students write in their journals or write a short paper about their first best friend and everything they can remember about him/her. You may want to share your experience with the class and lead into the discussion in Option #2.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Friends or Bartholomew and the Oobleck, by Dr. Seuss, Random House, N.Y. ISBN# 0-394-80075-3, $16.96.

OPTION 2--Competency 1--**CDA VIII, ECD**
Explain that the preschool years are considered the play years and that during the preschool years, the child becomes a bit less egocentric and has developed enough cognitively, physically, and emotionally to begin interacting socially. It is usually during these years, or at about age 5, that the child begins to have a close friend, other than family members.

OPTION 3--Competency 1--**CDA VIII, ECD**
PLAY: Discuss the different types of play usually seen in preschool-age children: sensorimotor play, mastery play, rough-and-tumble play. See teacher notes, "Play," for this information. (An excellent children's book is Humbug Witch.)

OPTION 4--Competency 1--**CDA VIII, ECD**
STUDY GUIDE: Have the students read in a text about social/emotional development and complete the "Preschoolers Social/Emotional Study Guide."

OPTION 5--Competency 1--**CDA VIII, ECD**
INITIATIVE VERSUS GUILT: Discuss the information in the teacher notes "Initiative Versus Guilt" about Erikson's stage during the preschool years.

OPTION 6--Competency 1--**CDA III, 1-Social**
GENDER ROLES: Briefly discuss the learning of gender roles during the preschool years using the teacher information "Gender Roles." If possible, have students read the NEWSWEEK article entitled "Guns and Dolls": Scientists Explore the Differences Between Boys and Girls." Shapiro, Laura (May 28, 1990). Guns and Dolls. NEWSWEEK, p. 54-65. Another superb article is "X: A Fabulous Child's Story," *Ms.* Magazine, December 1972, by Louis Gould.

OPTION 7--Competency 1--**CDA VIII, ECD**
PRESCHOOL EMOTIONS: Have the students complete the study guide, "Emotions of Preschoolers," either by reading a text or from the teacher information "Preschool Emotions." Read any of the following books: ALEXANDER AND THE TERRIBLE, HORRIBLE, NO GOOD DAY, NO MORE BATHS, I WAS SO MAD, PURE NUISANCE, SOMETIMES I LIKE TO CRY, THE TEMPER TANTRUM BOOK, HAPPY, SAD, ANGRY, GLAD, MAMA SAY THERE AREN'T ANY ZOMBIES, ETC.

OPTION 8--Competency 2--**CDA II, Creativity**
MOVEMENT: Discuss the teacher information "Movement" with the class. Then use any of Hap Palmer's movement songs or other different types of songs (fast, slow, loud, soft) and have the students involve themselves in a short movement activity or have them play one of the games at the end of the movement information. Discuss how they feel (besides feeling silly because they are preschoolers) and how a preschooler would probably feel while doing the movement activity.

OPTION 9--Competency 1
VIDEO: Watch the appropriate video. Human Development, 2 1/2-6 years, Series 620, Concept Media, P.O. Box 19542, Irvine, CA 92713-9542, 1-800-233-7078. Videos in the set include: "Physical Growth and Motor Development," "Cognitive Development," "Psychosocial Development," "Role of Play."

# PLAY

Before beginning this lecture, give each student a small amount of play dough, or fill the sensory trough and let them play. (Recipe for play dough: 1 cup flour, 1/2 cup salt, 1 cup colored water, 1 Tbs. Cream of Tarter, 2 Tbs. oil, food coloring. Combine all ingredients in a sauce pan. Cook until it pulls away from the side of the pan, 2-3 minutes. Knead. Store in air tight container in refrigerator.)

## SENSORIMOTOR PLAY

Even though the preschooler has moved out of Piaget's sensorimotor stage, he/she still enjoys sensorimotor motor play. For example, a preschool-age child would spend many happy hours exploring mud, sand, food, water, etc. Preschool-age children love the sensations they receive from sensorimotor play and, therefore, seek them out. For example, if an adult was walking along a sidewalk in the rain, you may observe him/her jumping or hopping around any small or large water puddle. However, if you saw a preschool-age child walking down the same sidewalk, you would observe him/her splashing and jumping in every water puddle he/she could find. Allow preschoolers to have sensorimotor experiences. They learn valuable concepts concerning the world, especially science, by engaging in this type of play.

Have the class give ideas or ways for parents and/or caregivers and preschool teachers to encourage sensorimotor play. Some examples would be playing in the bath tub, helping prepare food, playing with oblick. You may want to make some oblick for the students to play with. Simply mix cornstarch and as much colored water as needed to form a thick, semiliquid substance. Discuss how all children enjoy play dough. Ask how many of them have been playing with their play dough while you have been talking? Even young adults enjoy sensorimotor experiences at times!

## MASTERY PLAY

Mastery play comes from the child when he/she has learned a new skill. He/she wants to repeat it over and over again. Remember when you learned to pump yourself in the swing and how you would swing for hours, or when you learned how to ride a bike?

Almost every new skill becomes a challenge to the preschool-age child and he/she does all in their power to accomplish the skill. There is an innate desire for these children to learn and accomplish new feats. Examples include rolling down a hill, sledding, roller skating, climbing trees or jungle-gyms, hanging fearlessly upside down, jumping off swings, building a tower of blocks, and racing someone almost anywhere they go. "I'll race you!" is a common statement used by children this age.

## ROUGH AND TUMBLE PLAY

Rough and tumble play is enjoyed by all ages but especially during childhood. The act of wrestling and chasing each other is the act of fun and play. Rough and tumble play involves laughter, smiles, and close friends. This is a great release of energy and emotions. A parent should watch closely if the laughs and smiles become frowns and scowls; then the roughing and tumbling is no longer play but a fight. This should not be allowed to happen. The children should be stopped at once!

Name ______________________________ Hour ____________

# PRESCHOOLERS SOCIAL/EMOTIONAL STUDY GUIDE

Read from your text book and answer the following questions.

1. Most four-year-old children are more interested in their ________________ than they are in adults. They play best in groups of three of four. They are often ________________ and inconsiderate. Fighting is common. They have a strong sense of family and home. They often ________________ with their brothers and sisters.

2. Five-year-olds are more outgoing and talkative. They play best in groups of ________________. Their play is more complicated, and they have more ________________ for the belongings of others. They are more concerned about what their friends say and do. They do not like to be ________________ from their friends. They play much better with younger brothers and sisters.

3. Six-year-olds want everything and want to do things in their own way. Their best friends are usually of the same ________________. They tend to form groups that exclude other children. They like group play and organized teams. They are very ________________ centered and argue with their parents.

4. Most four-year-olds are not as pleasant to live with as they were at ________________. They are more selfish, impatient, defiant, and boastful. They can be loving and affectionate. They ________________ parental approval. They are increasingly independent.

5. Four-year-olds use their language ability with enthusiasm. They boast, tell tall tales, and ________________ on others. They have difficulty separating ________________ from fantasy. Their exaggerations are not deliberate lies. They do not like people to laugh at their mistakes, and they do not want to be a ________________ anymore.

6. Five-year-old children enter a quiet period. They are practical, sympathetic, and serious. They are more realistic and conform to ____________________ more easily. Adult criticism is very hard for them to take.

7. Six-year-olds are stubborn and quarrelsome. They resent directions and ____________________ everything. They are the center of their own universe and are often at their worst with their ____________________.

8. A major emotion that changes with age is ____________________. For example, at age four, a child still likes to ____________________ with others. At age five, children tend to hurt others ____________________ rather than hurt them physically. At age six, children tease, insult, nag, and make ____________________ of others.

9. Because children aged 4-6 have well-developed ____________________, they often have fears based on imaginary dangers. Sensitive and insecure children are more prone to fear. Fear of the ____________________ is common.

10. Jealousy of brothers and sisters is common in preschoolers. It often takes the form of

    ________________________________________________________________.

## PRESCHOOLERS SOCIAL/EMOTIONAL STUDY GUIDE--KEY

1. Most four-year-olds are more interested in their **friends** than they are in adults. They play best in groups of three or four. They are often **bossy** and inconsiderate. Fighting is common. They have a strong sense of family and home. They often **fight** with their brothers and sisters.

2. Five-year-olds are more outgoing and talkative. They play best in groups of **five or six**. Their play is more complicated, and they have more **respect** for the belongings of others. They are more concerned about what their friends say and do. They do not like to be **different** from their friends. They play much better with younger brothers and sisters.

3. Six-year-olds want everything and want to do things in their own way. Their best friends are usually of the same **sex**. They tend to form groups that exclude other children. They like group play and organized teams. They are very **self**-centered and argue with their parents.

4. Most four-year-olds are not as pleasant to live with as they were at **age 3**. They are more selfish, impatient, defiant, and boastful. They can be loving and affectionate. They **need and seek** parental approval. They are increasingly independent.

5. Four-year-olds use their language ability with enthusiasm. They boast, tell tall tales, and **tattle** on others. They have difficulty separating **fact or reality** from fantasy. Their exaggerations are not deliberate lies. They do not like people to laugh at their mistakes, and they do not want to be a **baby** anymore.

6. Five-year-olds children enter a quiet period. They are practical, sympathetic, and serious. They are more realistic and conform to **rules** more easily. Adult criticism is very hard for them to take.

7. Six-year-olds are stubborn and quarrelsome. They resent directions and **know** everything. They are the center of their own universe and are often at their worst with their **parents**.

8. A major emotion that changes with age is **anger**. For example, at age four, a child still likes to **fight** with others. At age five, children tend to hurt others **feelings** rather than hurt them physically. At age six, children tease, insult, nag, and make **fun** of others.

9. Because children aged 4-6 have well-developed **imaginations,** they often have fears based on imaginary dangers. Sensitive and insecure children are more prone to fear. Fear of the **dark** is common.

10. Jealousy of brothers and sisters is common in preschoolers. It often takes the form of **tattling, criticizing, or lying**.

# INITIATIVE VERSUS GUILT

According to Eriksons' theory, the child has gone through the stages of trust versus mistrust and autonomy versus shame and doubt. The preschooler now enters the stage of initiative versus guilt.

Because preschool-age children are developing new abilities and have a great deal of energy, they begin to engage in many new activities. This is all part of what initiative means. It is the act of the child trying things on his/her own. The child initiates the behavior and does not have to be coaxed. If the child gains a sense of initiative during the preschool years, he/she is likely to become ambitious and have an individual sense and purpose in life.

The feeling of guilt comes when the child experiences too many failures and too many rules and restrictions from adults. This causes them to be fearful of trying new things. It prevents them from initiating behavior. It leads to a feeling that the child is wrong and a feeling of blame. The world appears black and white, and if the child makes a mistake, he/she translates that to mean "I am bad." Instead, children need to recognize that everyone makes mistakes and that mistakes do not make you a bad person. Adults need to understand that children do not learn the first time they perform a task. Rules must be stated many times before the child comprehends what you are trying to teach.

This concept concerning people making mistakes is vital in helping a child achieve the sense of initiative. Because children usually define themselves in terms of what they can do, they want to find out what they can do and, therefore, initiate many activities and explore their curiosity. They do many things on impulse without thinking of the consequences. Hence, they go beyond their abilities and make mistakes. At these times, adults should help the child learn from their mistake or what it was they did wrong or incorrectly. This should be done in a loving, caring, helpful, and positive way. Remember, a mistake means a miss take. That means you have the opportunity of trying the task again.

Read the following situations to the students. These stories involve preschool-age children who are trying to gain a sense of initiative and somehow fall short due to a lack of ability or knowledge. Have the students discuss how a parent or caregiver should respond.

#1
Mike runs out of the preschool room door and dashes to the slide. He yells to his friend, Dave, "Watch me!" Mike quickly climbs the ladder, lies on his stomach, and give himself a push. He slips down the slide yelling "Geronimo!" Mike crashes head first into the sand at the bottom of the slide and begins to cry.

#2
Ben was excited; he had just watered the flowers for his mother! He had done such a good job and was pleased with himself. He made sure every flower had a drink. He was sure his mother would not mind that he entered the house before removing the clumps of mud from his shoes.

#3
Melissa loved to help her mother around the house. She decided it was time to wash the sliding glass door. She went and got the window cleaner. The rag to wash the window with was not there, so she just picked up a cloth laying on the floor by the washer. The window was really dirty, and the white rag kept getting more and more dirty, but the window looked great! Just then she heard Mother ask, "Has anyone seen my blouse? I laid it on the floor by the washer."

#4
Steven had just finished cleaning his room. His mother had told him not to leave anything on the floor. He made sure the floor was spotless. How do you think his mother reacted when she entered the room and found that he had piled everything on the top bunk bed?

# GENDER ROLES

Parental example and attitudes concerning gender roles are the determining factor in how children feel about and respond to gender issues. Children learn their gender roles mainly by observing adults, especially the parent of the same gender; i.e. girls and moms, boys and dads. They learn as they assist the same-sex parent in the home with household duties and responsibilities. In today's society, there is less and less gender stereotyping. Most people share dual roles. In a preschool setting, it is very important that all children are allowed to play with all toys. Dressing up, playing with blocks, having car races, and playing house are activities for all children.

Children begin to learn about gender at a very early age (two years old). It is not until age four or five that the child really begins to recognize the anatomical or physiological differences. For example, a two- or three-year-old may think that a girl is a boy just because the girl has short hair. If a boy dresses up in a play dress, the boy will become a girl. In fact, one little girl went with her mother to visit a neighbor who just had a brand new baby. The little girl watched as the newborn was given a bath. The mother asked, "Is this baby a boy or a girl?" The little girl responded, "I'm not sure. It's so hard to tell at this age--especially if its not wearing clothes."

During the later preschool years, however, the child knows the anatomical differences between men and women, boys and girls. This knowledge is gained by exploring and most often by innocent role-playing.

When children ask awkward questions, you should remain calm and recognize that this is a time of gender discovery for the child.

(You may wish to refer to the information concerning open, honest communication discussed in the "Teaching Children the Facts of Life" lesson.)

# EMOTIONS OF PRESCHOOLERS

The preschooler is full of emotions that contradict themselves. One minute they feel one way, the next minute they feel just the opposite. They cannot always control these emotions. It is the responsibility of the adult working with the child to help the child learn to control these emotions.

INDEPENDENCY/DEPENDENCY: Preschoolers go through times when they want to be and insist on being independent. They refuse help from adults and others. There are other times when they are very dependent and want to be helped. Parents and caregivers should show unconditional love and respect for the child's feelings and strive to recognize when to help and when to step back. Simple measures, such as arranging the home in such a way that make it easy for preschoolers to be independent help to eliminate power struggles; e.g, low coat hooks for children to hang their coats on, small chairs for their size, etc.

FEAR/ANXIETY: Fear and anxiety are a natural human protector against danger. However, too much or too little fear and anxiety are not healthy. Preschoolers' fears usually become more intense than during the toddler years. They show fear of the unknown or they imagine monsters, vampires, etc., that are associated with the dark. They often fear injury and pain. To deal with these fears, a parent or caregiver should:

- Listen to and accept the child's fears.
- Resolve or handle one fear at a time.
- Assure the child that you will protect him/her and keep thim/her safe.
- Be a role model of courage. (Don't pass on your own fear of things, such as animals or thunderstorms, to the child.)

ANGER/AGGRESSION: Anger and aggression become specific during the preschool years. Instead of general anger and aggression displayed during the toddler years. Anger is a feeling, an emotion that is expressed if they fall off a bike or do not get to play with a certain toy, etc. Aggression is an attempt to hurt someone or something. Aggression is seen when another person takes away a toy and the child hits, kicks, or bites the individual. Anger, the emotion, should be contained or stopped. Preschoolers need to learn how to get rid of and deal with their feelings of anger in socially acceptable ways. Aggression, on the other hand, does need to be contained because it could be harmful to another human being. A child's aggressive acts should NEVER be disciplined with aggressive forms of punishment, such as spanking. This only demonstrates that a person can get what they want by hitting. The best way to limit aggressive acts is to prevent them from occurring; e.g., eliminate competition, encourage cooperation, and redirect activities that begin to get "heated" before they turn into a problem.

JEALOUSY/SIBLING RIVALRY: Jealousy occurs when a child recognizes that he/she must share the love and attention of an adult with another person. When that other person is a sibling, often times sibling rivalry occurs. Preschoolers, like toddlers, may resort to crying, sucking a bottle, clinging, wetting their pants, and signs of dependence to express their jealousy. These are called regressive behaviors. Parents should discuss the child's feelings. The parent and child should spend their own special time together going to the zoo or to the store. If the jealousy is over a new baby, provide a doll for the older child to play with. This helps him/her limit the feelings of jealousy. Having the child help with the needs of the new baby may cause increased jealousy and sibling rivalry.

GRIEF: Preschool-age children are just beginning to understand the concept of death and, therefore, begin to have feelings of grief over a death of a person and/or pet. If the child asks about death, at anytime, parents should talk about it and answer his/her questions openly and honestly. If a terminal illness occurs or a death occurs, the parents or adult should explain, truthfully, their personal belief concerning death. This should be on the child's level. The child should be encouraged to ask questions. Children also sometimes blame themselves for a death. This belief should always be addressed by the parent or adult to make sure the child does not feel this way. Most importantly, the child should be encouraged to talk about the memories of the person (or animal) that died, as well as ask questions and discuss death for a long time after the death. Children should know it is OK to feel sad or to cry. Adults should allow the child to see them cry or feel sad at times.

Decisions concerning the child's presence at funerals or viewing services should be based on the child's age, the child's wishes, and the belief of the family. For example, some believe that the child actually seeing the body and coffin and grave sight help the child to say good-bye and make the death more real. Others believe it is too much for the child and that the child should remember the person as living. If the child is to attend the services, the rituals and things that the child will see should be explained in advance and discussed afterwards as well. An adult should be by the child to explain what is happening and to answer the child's questions.

Name ______________________ Hour ______________

## EMOTIONS OF PRESCHOOLERS

Explain the following emotions seen in preschoolers and how a parent/caregiver can help the child deal with these emotions:

1. INDEPENDENCY/DEPENDENCY:

2. FEAR/ANXIETY:

3. ANGER/AGGRESSION:

4. JEALOUSY/SIBLING RIVALRY:

5. GRIEF:

# PRESCHOOL EMOTIONS--KEY

Explain the following emotions seen in preschoolers and how a parent/caregiver can help the child deal with these emotions:

1. INDEPENDENCY/DEPENDENCY:
   **Any appropriate response that corresponds with the lecture.**
2. FEAR/ANXIETY:
   **Any appropriate response that corresponds with the lecture.**
3. ANGER/AGGRESSION:
   **Any appropriate response that corresponds with the lecture.**
4. JEALOUSY/SIBLING RIVALRY:
   **Any appropriate response that corresponds with the lecture.**
5. GRIEF:
   **Any appropriate response that corresponds with the lecture.**

# MOVEMENT

Movement activities are natural ways to release and express energy. Children learn by doing. If children are involved in activities, they will learn each time they try something. Physical movement is the child's first way of communicating. They close their eyes, cry, shake, etc. Physical movements provide an important way for a child to form impressions about him/herself and the environment.

Movement activities contribute to the physical, mental, social, and emotional growth and development of the child. It is as vital as art or music because it helps a child understand how his/her body works. Movement activities involve the entire child and not just physical fitness and recreation. Creative movements help children express their creative abilities in a very natural way.

Personal movement shows the mood or inner state of an individual. In creative movement, children express their personalities in their own way. Creative movement can occur anywhere the children feel free and want to move their bodies. It can be done to poetry, music, rhythm, or even silence. Children's bodies become instruments of expression by feeling a pulse, beat, idea, or emotion.

Through regular movement activities, children learn:

1. Relaxation
2. A means to express space, time, and weight
3. How to creatively express feelings and ideas
4. An increased awareness of the world
5. Improvement of coordination and rhythmic interpretation

Creative movement activities benefit the large and small muscles and promote healthy growth.

## PLANNING MOVEMENT ACTIVITIES

Movement activities should match a child's current developmental stage. An activity for a three-year-old is different than an activity that would benefit a five-year-old. The teacher must know a child's level before planning activities. The teacher should provide activities that challenge the child and teach greater skill and expression. Activities must be presented in a developmental sequence (teaching easier movements before more difficult movements).

## KINDS OF MOVEMENT ACTIVITIES

Movement activities are generally divided into two types: gross motor and fine motor. Both types of activities need to be used with young children. Large motor skills should be developed in young children prior to fine motor skills. Examples of each type are listed below:

GROSS MOTOR

1. Climbing
2. Jumping
3. Running
4. Walking
5. Throwing and catching
6. Skipping
7. Physically oriented games
8. Dancing
9. Calisthenics
10. Walking in steps
11. Muscular strength
12. Kicking

FINE MOTOR

1. Balancing
2. Eye movement
3. Ability to stop an action
4. Near point and far point vision

## CONDUCTING MOVEMENT ACTIVITIES:

1. Get the attention of all of the children before beginning.
2. Explain the game clearly.
3. Have equipment ready before you begin.
4. Explain what the signal to stop and listen will be.
5. Tell children what to do with equipment when they receive it.
6. Remind children to be careful and not bump into one another.
7. Have children wear appropriate clothing and shoes.
8. Do not demonstrate how to do the movement--this limits the children's imaginations.
9. Allow time for practice and creativity.
10. Let the children select a partner. Change partners often.

## IDEAS AND SUGGESTIONS

Movement interpretations:

The life cycle of a butterfly
Popcorn
Bicycle
Water
Kite
Laundry
Fishing
Airplane

SUGGESTED GAMES:

JUMP OVER THE RIVER: Two long sticks act as the banks of the river. Children jump from one bank to the other. The sticks can be moved further apart to make a wider river. Children can use different ways to get from one side of the river to the other side (sliding, crawling, rolling, etc.).

CALL AND ROLL: Children sit in a circle. Two large rubber balls are used. The balls are handed to two children on opposite sides of the circle. Each child with a ball must call the name of another child in the circle and roll the ball to that child.

COPY CATS: Gather the children into a small circle. Select a body part to emphasize (hands, feet, head, etc.) and ask the children to think of a way to move that part of their bodies. The group will copy the movement. When all ideas for moving that body part are exhausted, change to another part of the body. All the children will have a chance to demonstrate their ideas. Teachers should participate and join in the activity. You could have the students use two different parts of the body at once. This helps develop further coordination.

BODY ROLL: Each child will need a large ball. They should place and/or roll the ball on different parts of their body. For example, have the children roll the ball from their toes to their waist. Roll your ball up your arm. Can you find a way to hold your ball without using your hands? If a small ball is used, it will take a long time to cover the length of the body.

PASS THE BALL: Gather the children into a large circle. Have the children pass the ball to the next child without using their hands. They can use their necks, upper arms, and legs, but not their hands.

**UNIT:** Growth and Development **LESSON:** School Age--Physical

## COMPETENCIES:

1. Identify the physical development in school-age children. (Options 2, 3, and 4)
2. Develop age-appropriate activities for physical development in school-age children. (Options 5 and 6)

## OVERVIEW/SUMMARY:

School-age children do not grow as quickly as infants and toddlers. However, their growth remains constant.

## MOTIVATOR:

Assign students to bring a school-age picture of themselves to share with the class. Let them share their stories and excitment of this age.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: The Bully Brothers Trick the Tooth Fairy
JOURNAL ENTRY: Have students write about their family traditions concerning the tooth fairy.

OPTION 2--Competency 1
SIZE OF SCHOOL-AGE CHILDREN: Use the transparency "Average Height and Weight From Age 6 to 12" to discuss the average height and weight of children during the school-age years. Average growth is 5 pounds per year and 2.5 inches per year during the school-age years. Emphasize the fact that children go through growth spurts at different times and, therefore, a great deal of differences are seen in the size of school-age children, even of the same age. The students will remember being taller or shorter or thinner or larger than most of the children in their class at some point.
TEACHER NOTE: The class would love to see your class pictures from kindergarten through fifth grade. These really illustrate the point.

OPTION 3--Competency 1
DISCUSSION: Even though school-age children vary greatly in their height and weight, they do have one thing in common--the loss of their teeth. With the loss of their teeth, the tooth fairy enters the picture. Briefly have the students share their experiences or traditions concerning the tooth fairy. Explain that children normally lose their teeth in the same order they came in--bottom two first, then top middle, then top two sides, etc.

OPTION 4--Competency 1
WORKSHEET: Have the students complete the "Physical Development of the School-age Child Worksheet" as a pretest and then review the test as a class, correcting and discussing the answers.

OPTION 5--Competency 2
Explain that during the school-age years, the child has a great deal of surplus energy. Because of this extra energy, most children enjoy gross motor type activities. Especially between ages 9 and 12 the child enjoys organized gross and motor activities such as baseball, softball, and soccer. Have the students create a new version of an old game such as Dodge Ball, Red Rover, Four-Square, etc. They must be able to explain the new rules to the class. Divide the class into small groups and have them play the new games.

OPTION 6--Competency 2
Explain that school-age children have highly developed fine motor skills, and during the school-age years, these skills are refined. This can be seen in their ability to write. Use the transparency to demonstrate this idea. Because of this refining of the fine motor skills, school-age children enjoy activities such as piano lessons, violin lessons, crafts, and ceramics. Assign the students a few days before this option is discussed to bring and share with the class awards, pictures, projects, trophies, or experiences and accomplishments that helped their sense of "industry."

# AVERAGE HEIGHT & WEIGHT FROM AGE 6 TO 12

| AGE | HEIGHT | WEIGHT |
|---|---|---|
| 6 | 46 INCHES | 46 LBS. |
| 7 | 49 INCHES | 53 LBS. |
| 8 | 51 INCHES | 59 LBS. |
| 9 | 53 INCHES | 65 LBS. |
| 10 | 55 INCHES | 73 LBS. |
| 11 | 58 INCHES | 84 LBS. |
| 12 | 60 INCHES | 95 LBS. |

Name ______________________________ Hour __________

# PHYSICAL DEVELOPMENT OF THE SCHOOL-AGE CHILD

School-age children do not grow as quickly as infants and toddlers. However, their growth remains constant. Unscramble the underlined words to complete this activity. Write the correct answer in the space following the scrambled word.

Jim is nine-years-old. He is the average size for a typical boy his age. He is (1) ATLERL ______________ and (2) AVIEERH ______________ than the girls his age. He has reached about 75 percent of his adult (3) EHIHTG ______________ .

His (4) EDHA ______________ looks smaller because his height is increasing. His (5) MARS ______________ and (6) GELS ______________ are longer in relationship to his height. He has a lower center of (7) IRVTYAG ______________ and better (8) LNCAAEB ______________ . The trunk of his body is twice as (9) LGON ______________ and (10) DWEI ______________ as when he was born.

Tom has lost that babyish looking face. The (11) LWREO ______________ part of his face is catching up with the (12) PERUP ______________ half, which grew faster in earlier development. His (13) EHREAODF ______________ is not as high. His facial features are more (14)TPMINRENO ______________ . His permanent (15) ETTHE ______________ begin to change the look of his lower face.

Jim's bones are (16) AHRDRE ______________ and longer and grow (17) TAFRSE ______________ than his muscles. This makes Jim have a loose-jointed, sort of (18) WADARWK ______________ look. He does not like to sit still and complains of (19) WGINGRO ______________ pains.

Jim's internal organs are also growing. His (20) RABIN _______________ is almost 95 percent of its adult weight. It has developed many connections between (21) REVEN _______________ cells and is continually becoming more (22) CDSEIALIEPZ _______________ .

Jim's (23) ARTEH _______________ is small compared to his entire body. His endurance is not great because of this.

His (24) BAYEELLS _______________ have matured, which gives him increased (25) ASVIUL _______________ acuity.

His improved hearing enables him to hear small (26) FDINFERSECEES _______________ in words that sound similar. This is very helpful in his increased (27) OOSHLC KORW _______________ _______________ .

# PHYSICAL DEVELOPMENT OF THE SCHOOL-AGE CHILD

School-age children do not grow as quickly as infants and toddlers. However, their growth remains constant. Unscramble the underlined words to complete this activity. Write the correct answer in the space following the scrambled word.

Jim is nine-years-old. He is the average size for a typical boy his age. He is (1) ATLERL **TALLER** and (2) AVIEERH **HEAVIER** than the girls his age. He has reached about 75 percent of his adult (3) EHIHTG **HEIGHT** .

His (4) EDHA **HEAD** looks smaller because his height is increasing. His (5) MARS **ARMS** and (6) GELS **LEGS** are longer in relationship to his height. He has a lower center of (7) IRVTYAG **GRAVITY** and better (8) LNCAAEB **BALANCE** . The trunk of his body is twice as (9) LGON **LONG** and (10) DWEI **WIDE** as when he was born.

Tom has lost that babyish looking face. The (11) LWREO **LOWER** part of his face is catching up with the (12) PERUP **UPPER** half, which grew faster in earlier development. His (13) EHREAODF **FOREHEAD** is not as high. His facial features are more (14)TPMINRENO **PROMINENT** . His permanent (15) ETTHE **TEETH** begin to change the look of his lower face.

Jim's bones are (16) AHRDRE **HARDER** and longer and grow (17) TAFRSE **FASTER** than his muscles. This makes Jim have a loose-jointed, sort of (18) WADARWK **AWKWARD** look. He does not like to sit still and complains of (19) WGINGRO **GROWING** pains.

Jim's internal organs are also growing. His (20) RABIN **BRAIN** is almost 95 percent of its adult weight. It has developed many connections between (21) REVEN **NERVE** cells and is continually becoming more (22) CDSEIALIEPZ **SPECIALIZED** .

Jim's (23) ARTEH **HEART** is small compared to his entire body. His endurance is not great because of this.

His (24)BAYEELLS **EYEBALLS** have matured, which gives him increased (25) ASVIUL **VISUAL** acuity.

His improved hearing enables him to hear small (26) FDINFERSECEES **DIFFERENCES** in words that sound similar. This is very helpful in his increased (27) OOSHLC KORW **SCHOOL** **WORK** .

# FINE MOTOR SKILLS

FIVE-YEARS-OLD

SIX-YEARS-OLD

SEVEN-YEARS-OLD

EIGHT-YEARS-OLD

**UNIT:** Growth and Development **LESSON:** School Age--Cognitive

## COMPETENCIES:

Describe signs of cognitive development in school-age children. (Options 2, 3, 4, and 5)

## OVERVIEW/SUMMARY:

The school-age children are excited to develop cognitive skills. They are in Piaget's concrete operational stage. It is important to stimulate the child to learn while he/she is anxious to do so.

## MOTIVATOR:

Use a poster of Robert Fulghum's "All I Needed to Know I Learned in Kindergarten." Read it with the students. After reading it, pass out warm cookies to the students. Briefly discuss the concepts highlighted on the poster.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: How Much Is A Million
JOURNAL ENTRY: Have students write about the jokes they used to tell as a school-age child or have them write about their kindergarten school year memories.

OPTION 2--Competency 1
Use the teacher notes to discuss Piaget's concrete operational stage.

OPTION 3--Competency 1
Use the teacher notes to discuss school-age children and their joketelling and how it demonstrates cognitive development.

OPTION 4--Competency 1
Recite the ancient Chinese proverb:

"When I hear, I forget"
"When I see, I remember"
"When I do, I understand"

Briefly discuss the concepts in the proverb and then have the students write a one-page essay on how it relates to school-age children. Have them include some of their own experiences while in elementary school.

OPTION 5--Competency 1
Have the students use the "School-age Interview" to interview children between 6-12 years of age. Discuss some of their findings and experiences on the day the interviews are conducted.

# CONCRETE OPERATIONAL STAGE

School-age children are in Piaget's concrete operational stage. This means that they have learned to reason and to use simple deductive logic to reach conclusions. Basically, school-age children can imagine what another person might be thinking or feeling and, therefore, be a more logical and flexible thinker. However, they cannot yet think abstractly. Their thinking must involve concrete or real objects.

It is during the concrete operational stage that the child masters the concept of reversibility and conservation. Reversibility, for example, means that the child understand that if water is frozen it turns to ice and that if the ice is thawed, it returns to water. Conservation means that the child understands that matter (liquid or solid) remains the same, whatever shape it assumes.

Two visual aids that may be used with this concept are:

1. Have a ball of clay that can be molded into a ball, snake, etc. Although the ball of clay looks like it is different sizes, it is still the same size, just a different shape.
2. Have two different size of clear glasses. Fill each with a cup of water. Let the class see how different the same amount looks in different containers.

# COGNITIVE DEVELOPMENT

For school-age children to tell jokes, they must have mastered three cognitive skills:

1. They have to have the ability to listen well.
2. They must have the ability to know what other people will think is funny.
3. They must have a good memory to remember the correct way to tell the joke.

Because school-age children have or are just mastering these three skills, they enjoy telling jokes.

There are basically three different classification of jokes. These classification of jokes also demonstrate different cognitive abilities of the child telling the joke. Remember, too, that school-age children are concrete operational and that teenagers and adults have moved on to the formal operational stage. Therefore, what seems humorous to school-age children may seem trivial to older individuals.

## REALITY RIDDLES:

These jokes, or riddles, demonstrate that the child has a notion or concept of how things really are in the world. (Tell the students the following reality riddles and have them identify what the school-age child has to recognize about the world.)

> "What is worse than biting into an apple and finding a worm?
> ANSWER: Finding half of a worm.
>
> "I've got a joke for you about the ceiling, but it's over your head."

## LANGUAGE AMBIGUITY JOKES:

These jokes contain a play on words. Children must recognize that words have different meanings to tell and enjoy these jokes:

> "What did the bird say when the cage broke?"
> ANSWER: Cheep, cheep!
>
> "What do you call a lazy butcher?
> ANSWER: A meat loafer.
>
> "If April showers bring May flowers, what do May flowers bring?
> ANSWER: Pilgrims

## ABSURDITY RIDDLES:

These jokes take logic and make absurd jokes with logical answers to the absurd joke. Better stated, when you hear the following jokes/riddles and then think through the answer/punch line, it makes sense.

> "Why did the boy take a ruler to bed with him?
> ANSWER: He wanted to see how long he slept.
>
> "What did the zoo keeper do when all of the animals dressed in camouflage clothing and left the zoo?
> ANSWER: Nothing, he couldn't see them.
>
> "What is the easiest way to sink a submarine?
> ANSWER: Knock on the door.

Name ______________________________ Hour ______________

# SCHOOL-AGE INTERVIEW

Interview a child between the ages of 6 and 12. Ask him/her the following questions in a way he/she will understand. Write the answers in the space provided. After the interview, answer the thought questions.

CHILD'S NAME ______________________ AGE ______________________
GRADE IN SCHOOL __________________ GENDER __________________

1. What is your favorite subject or class in school?
2. Why is it your favorite subject or class?
3. What is your least favorite subject or class in school?
4. Why is it your least favorite subject or class?
5. What do you like to do during recess?
6. Do you know any jokes? If so, tell me some of your favorites.
7. Do you have jobs or chores around your house? If so, what are they?
8. Do you have a best friend? Tell me about your best friend (things you like to do, what makes you laugh, etc.).
9. Do you take any special lesson outside of school time such as music, dance, sports, gymnastics, ceramics, painting? If so, tell me about them.

THOUGHT QUESTIONS:

1. Why do you think the child liked his/her favorite subject in school? Is it a commonly liked subject?
2. Why do you think the child disliked the subject in school? Is it a commonly disliked subject?
3. What types of jokes did the child tell you?
4. Did you think the jokes were funny? Why or why not?
5. Have you heard the jokes before?
6. Explain your overall impressions of this child's cognitive development.

**UNIT:** Growth and Development **LESSON:** School Age--Social/Emotional

## COMPETENCIES:

1. Identify characteristics of emotional development in school-age children. (Options 2, 3, 4, and 5)
2. Describe indicators of social development in school-age children. (Options 4 and 5)
3. Develop age-appropriate activities for social/emotional development in school age children. (Option 5)

## OVERVIEW/SUMMARY:

The social and emotional development of the the school-age child can be a frustrating time of life. Peer pressure and typical childhood fears place heavy pressures on these young children.

## MOTIVATOR:

You graduated from high school last spring and now you are about to move to a different state to enter art school. What are your feelings? Will you know anyone there? Where will you live? Who will you hang out with? Will you fit in? Even adults have many of the same social and emotional worries as the school-age child. If you have recently gone through a new experience with new people, you will remember how it felt to enter the school-age years.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Me Too, by Mercer Meyer, The Grouchy Lady Bug, or Thomas' Snowsuit.
JOURNAL ENTRY: Write about your circle of friends or club when you were a school-age child and the games, sayings, dress codes, and special language you used.

OPTION 2--Competency 1
DISCUSSION: Use the teacher notes "Industry Versus Inferiority" to discuss Erikson's stage for school-age children.

OPTION 3--Competency 1
DISCUSSION: Use the school-age children's "Fears and Anxieties" transparency. Discuss how parents, caregivers, and teachers can help children deal with and overcome these fears.

OPTION 4--Competencies 1 and 2
DISCUSSION: Discuss with the students that during the school-age years, children become less dependent on parents and more on their peers. A great deal of their self-image and self-esteem come from how their peers and friends treat them and feel about them. Use the "Traits of Popular and Unpopular Children" transparency. Discuss it with the students. Explain that rejection during the school-age years is inevitable. Parents/teachers need to learn how to help children deal with and overcome rejection. Use the "Rejection Remedies" worksheet and have the students write their comments in groups of four or five. Discuss their comments as a class.

OPTION 5--Competencies 1, 2, and 3
DISCUSSION: Use the teacher notes to discuss the "Society of Children."

# INDUSTRY VERSUS INFERIORITY

Erikson's stage for the school-age child is industry versus inferiority. Industry is a sense of cooperation, a sense of working by oneself or with others to accomplish tasks. Industry involves the child learning the proper attitude toward work and gaining proper work ethics.

Organizations or lessons outside of the home are great stepping stones toward reaching this sense of industry. These organization include 4-H, Boy Scouts, Girl Scouts, and community sporting teams. Lessons in dance, gymnastics, music, swimming, tennis, and the arts are all important. During the school-age years, the child should have a sense of heightened appropriate responsibility to gain a feeling of industry. If the child doesn't gain industry, he/she feels inferiority. This comes as a result of poor work habits and work ethics, too much competition, and a feeling of uselessness. This can happen if the child has a lack of knowledge or skill to be able to fulfill a task. Parents, caregivers, and teachers need to assist children who need help with tasks and praise children for tasks completed or at doing one's best to achieve the task.

## FEARS AND ANXIETIES

| TYPES OF FEARS | EXAMPLES |
|---|---|
| People and their actions | Family quarrels |
| | Divorce or parent leaving |
| | Abuse |
| | Unfriendly classmates |
| | Unfair teachers |
| Embarrassment | Personal handicaps |
| | School failure |
| | Not being chosen for a team or play, or other event |
| | Making mistakes |
| | Changing clothes in front of others |
| The Future | New situations |
| | The world--war, economics, pollution |

# TRAITS OF POPULAR AND UNPOPULAR CHILDREN

| POPULAR TRAITS | UNPOPULAR TRAITS |
|---|---|
| HEALTHY | HOSTILE OR AGGRESSIVE |
| ENERGETIC | THINKS THE WORLD IS UNFAIR |
| CONSIDERATE OF OTHERS | NERVOUS |
| CREATIVE | FEARFUL |
| INDEPENDENT | CONTENTIOUS |
| ATTRACTIVE | POOR SPORT |
| CONFIDENT | SELF-CONSCIOUS |
| VERY BRIGHT | UNATTRACTIVE |
| SOLVES PROBLEMS | TATTLETALE |

Name ________________________ Hour ________

# REJECTION REMEDIES

In the space below, write what you would say and any actions you would take to help the child deal with the rejection he/she faces.

1. Joan just came home from school. The look on her face tells you she has had a bad day. She mopes around for a while. When you ask her what is wrong, she begins to cry and explains that she cannot read as well as some of the children in her class. The other children make fun of her when it is her turn to read aloud.

   ______________________________

   ______________________________

   ______________________________

2. Fran is sitting alone on the steps. There are many children in the park across the street, playing all sorts of games. You ask her why she isn't playing. She sighs and answers, "The kids think I'm dumb because I don't know all the rules. They know they will lose if I am on their team."

   ______________________________

   ______________________________

   ______________________________

3. Tim is a very bright student. He loves to read and gets good grades on all of his work. He is also very shy. After school, all the neighborhood children play games in the vacant lot. You ask Tim why he doesn't play with the children. He replies, "They wouldn't like me. They all call me 'brain man.' I don't know what to do."

   ______________________________

   ______________________________

   ______________________________

4. Joseph is overweight. However, he is very strong and is a very good soccer player. He is sitting pretending to watch television but is really watching the neighborhood kids play soccer at the playground. You ask him why he doesn't join them. He replies, "They are stupid. They don't know the rules and can't play right. Besides that, they call me names."

   ______________________________

   ______________________________

   ______________________________

# SOCIETY OF CHILDREN

The "society of children" is the term used to represent the subculture in which school-age children develop. Another term for it is a "gang." Unfortunately, the term gang, in today's society conjures up negative and fearful feelings.

During the school-age years, children begin to rely on peers. This often leads to groups of children playing or "hanging out" together. They may begin to use their own special language (like pig Latin or ubby dubby) and dress codes (like certain shoes or wearing bandannas).

The following is a list of some of the common items from of the society of children. List them slowly and allow your students to discuss and reminisce:

1. Opposite day
2. Jelly shoes
3. Time out words--Kings, Curses, Creams, Pax, Nix
4. Firecracker cheer "Firecracker, fire cracker, boom, boom, boom. . . ."
5. "Liar, liar pants on fire, hanging on the telephone wire"
6. I swear
7. Cross my heart and hope to die
8. "Cry baby, cry baby, stick your head in gravy, wash it out with bubble gum and send it to the navy"
9. Club houses with signs reading "Boys only or "Girls only"

This is also a time when certain games or pieces of playground equipment become favorites. Students will probably remember when the swings were their favorite activity. They would race outside each day during recess or after school to be sure to get a swing. Then, suddenly, they stop liking the swings (after months and months) and turn to the monkey bars, etc. Jump rope and all the rhymes that go with them are a favorite sometime during the school-age years. (Have the students tell some of the jump rope rhymes they know, or share one of your own.)

During the school-age years, children become very interested in the rules of games. In fact, they may spend more time on setting up teams and the rules of the game than they do playing it. (Have students share some of their team picking rhymes or share one of your own; for example, "Enee, meenee, minee, mo, catch a tiger by the toe. . . ."

Discuss how games and the society of children help the school-age child learn social skills, develop a positive self-image, and gain a sense of industry.

**UNIT:** Growth and Development **LESSON:** Adolescence

## COMPETENCIES:

1. Identify the physical development in school-age adolescents. (Options 3, 4, 5, and 6)
2. Describe signs of cognitive development in adolescents. (Options 2, 3, 4, 5, and 6)
3. Identify characteristics of emotional development in adolescents. (Options 2, 3, 4, 5, and 6)
4. Describe indicators of social development in adolescents. (Options 2, 3, 4, 5, and 6)

## OVERVIEW/SUMMARY:

Adolescence is the period of life when the child grows into adulthood. It is typically a difficult period for children as they learn to become independent.

## MOTIVATOR:

Display products typically purchased by adolescents (perfume or cologne, acne aids, fingernail polish, etc.). Discuss why teens buy these products and why neither older nor younger people seem interested in these products. Discuss the desire of adolescents to "fit in" or be the same as everyone else.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: The Wretched Stone or The Paper Bag Princess.

OPTION 2--Competencies 2, 3, and 4
CHANGE: Have students divide a sheet of paper into three columns. Label the columns "Mental Change," "Emotional Change," and "Social Change." Have students list the ways they have changed in each area in the past two years. Explain that as adolescents, they are presently changing in many areas of their lives. Refer back to these lists as you discuss the information in Option #3.

OPTION 3--Competencies 1, 2, 3, and 4
DISCUSSION: Discuss the teacher information "Adolescence" with the class. Refer to the transparencies, "Female Puberty Time Line" and "Male Puberty Time Line."

OPTION 4--Competencies 1, 2, 3, and 4
CARTOONS: After discussing some of the typical attributes of an adolescent, have the class members draw a cartoon illustrating one of the changes that occur in adolescence. (You may wish to start a file of cartoons from the newspaper that deal with this subject.)

OPTION 5--Competencies 1, 2, 3, and 4
CASE STUDIES: Have the class members write short case studies of experiences they may have had during adolescence. Have the students resolve the case studies in class.

OPTION 6--Competencies 1, 2, 3, and 4
DEVELOPMENTAL TASKS: Review the teacher information "Developmental Tasks" with the class. Have the class members work alone or in small groups to develop some type of graphic design that illustrates Havighurt's developmental tasks. Share the projects with the class.

# ADOLESCENCE

The most dramatic changes in physical development that occur during adolescence are those related to puberty. Puberty refers to the time when the body reaches reproductive maturity. The reproductive organs mature and secondary sex characteristics appear. This process usually begins between the ages of 8 and 14 and may last several years.

The physical changes that take place are triggered by the release of hormones. The hormones estrogen and progesterone trigger puberty in females. Testosterone triggers the onset of puberty in males.

Puberty changes in females:

1. Growth spurt: Females generally experience a growth spurt between the ages of 10 and 13, about two years earlier than the male growth spurt. The growth of the trunk is delayed by one year in comparison to the arms and legs. This makes the limbs appear awkward.
2. Development of breasts: This development occurs slowly and may continue for several years. The development of the breasts may cause the adolescent to feel self-conscious, especially if one breast develops faster than the other (this occurs frequently).
3. Pubic hair: The pubic hair begins to grow at about the same time the growth spurt occurs.
4. Underarm and coarser body hair: This generally appears two years after pubic hair.
5. Menstruation: The beginning of menstruation is called menarche. The first menstrual period usually occurs two years after breast development begins. First cycles may be irregular, but females may become pregnant any time just prior to or following the first menstrual period.

Puberty changes in males:

1. Growth of reproductive organs: Enlargement of the penis, testes, and scrotum occurs. Sperm production begins at this time and will generally continue throughout life.
2. Growth spurt: Arms, legs, and penis grow. A male typically experiences 3-5 inches of growth in height within a year's time. As with females, growth of the trunk is delayed about one year in comparison to the arms and legs. This causes the limbs to appear lanky and awkward. The voice begins to deepen as a result of internal growth of the larynx (voice box). This may be a very difficult time for boys who experience their growth spurt later than others.
3. Pubic hair: Long strands of straight pubic hair appear at the base of the penis, then spread over the scrotum and up the abdomen. Eventually, this hair will become more coarse.
4. First ejaculation: This occurs about one year after puberty begins. This indicates that a boy is producing sperm and he is capable of reproduction.
5. Underarm and coarser body hair. This usually occurs two years after pubic hair.
6. Facial hair and voice. The beard develops and the voice deepens.

## EMOTIONAL DEVELOPMENT

The hormones that cause the physical development to occur also produce emotional changes. Most adolescents feel emotions much more intensely than before. The happiness that they feel is more intense, and the sadness they feel is more intense. The changing level of hormones produces emotional swings. One day an adolescent may feel intensely happy, excited and really enjoy life. The next day the same adolescent may feel intensely sad, depressed, and hate life. For this reason, the suicide rate is higher among adolescents than among adults. If adolescents wait a short period of time, the mood swings back to a happier level. Fortunately, the level of hormones comes into balance as the adolescent reaches adulthood. Emotions are stabilized, and radical mood swings are eliminated.

Many adolescents experience other emotional difficulties in conjunction with these mood swings. They may feel clumsy or awkward as their bodies grow and change so rapidly. They may feel embarrassed about the development of genitals and breasts. This is especially difficult for the male who develops later and for the female who develops earlier. Acne or body odor also may cause embarrassment. Adolescents may experience conflict within themselves because they want to be an adult but are not ready or perhaps willing to take on adult responsibilities. They may experience conflict with adults if they feel that the adults do not treat them as adults.

While adolescents are sexually mature when puberty ends, they are rarely, if ever, emotionally or socially mature as long as they are adolescents. They need time to grow and understand their feelings. They need to learn that they are responsible for themselves and their relationships with others.

## SOCIAL DEVELOPMENT

Adolescence marks a significant change in how individuals deal with their family and friends. Family becomes less important as they gradually begin their quest for independence. Conversely, friends become more important in the life of the adolescent. By early adolescence, they are drawn to a peer group. The peer group becomes an important influence on their decisions and attitudes about life. The adolescent, seeking to understand his/her identity, begins to identify with the peer group and to satisfy the need of feeling love and belonging by becoming an integral part of the group.

Social changes in the life of the adolescents are also influenced by parents, teachers, and other adults in their life who begin to have higher expectations from them. The adolescent is expected to take on more responsibility at home and to become more responsible for his/her own learning at school. The adolescent must learn to manage and balance his/her obligations as an important part of growing up.

## INTELLECTUAL DEVELOPMENT

Adolescents begin to think in more abstract terms, to reason and to think symbolically. They begin to understand theories and then can test them. Symbols can be used and understood in place of real objects. They begin to test new ideas and to think things through for themselves. The decision-making skills are much improved because they are able to imagine the consequences of actions and think of alternatives to their actions. Most importantly, they are developing the ability to reflect on the results of their decisions and to learn from their mistakes. Thus, learning decision-making skills is one of the most important aspects of a teenager's intellectual development.

According to Erik Erikson, the early adolescent is in search of identity versus role confusion. Adolescents frequently ask themselves, "Who am I? What am I doing here? What is my place in life?"

Because of this drive to obtain identity, adolescents find comfort in similarities with peers. Conformity to fashion styles and to ideas is tremendously important to them. They form "cliques," ostracizing others who are "different" or do not conform. This is a negative means of developing their own identity. If teens get pregnant, they become so involved in the life of their child that they may lose their own identity. In later years, this loss of identity results in confusion as they try to discover who they really are.

Adolescents talk for hours either on the phone or in person. Their conversations are generally a verbal examination of how others who are important to them think, feel, and act. This is simply another means of defining their own identify. Parents need to understand the struggles taking place inside the adolescent and understand the slow, but steady quest for independence.

The later level of adolescence, according to Eric Erikson is intimacy versus isolation. An adolescent who has successfully solved his/her quest for identity will find the search of intimacy to be much easier than someone who is still searching for his/her identity. This is because a good sense of personal worth is of great importance in this new and powerful interest in a special person of the opposite sex--the drive for intimacy.

Intimacy is far more than just an interest in another person's body although that is definitely present. It is a gaining of strength of self in relation to others. It is a sharing of thought, place, and things with a special person. It is the development of a new ability to become very close to another, to be able to share everything with this special person.

This is vital training for the future when they may become parents and must enlarge this intimacy to include each child in their family. Experts have found that many problems experienced by parents may be traced back to their inability to satisfy this drive for intimacy in their late teens.

Failure to solve this intimacy challenge leads to isolation and despair and to a sense of worthlessness. This may be the prime cause of youth suicide, alcoholism, drug abuse, rebellion, and violence.

The drives of adolescents can lead several directions. Teens can be very altruistic--feeling a strong urge to contribute to humanity. On the other hand, these drives can also lead to a rejection of ideals their parents cherish, resulting in runaways, joining cults, and engaging in movements and rebellions.

Rebellion generally arises from a feeling of not belonging or rejection. If teens do not feel good about themselves, they are driven to experiment with lifestyles--to try other ways of achieving identity and intimacy.

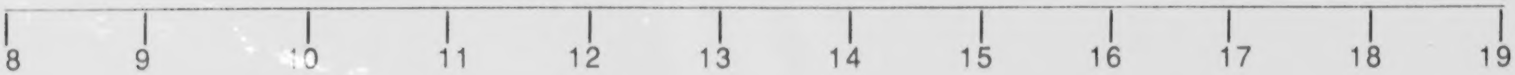
Parents need to understand and be sympathetic with these adolescent drives, to work with them, not against them. They need to use more praise than criticism. They need to treat the adolescent with the same respect they expect for themselves and that they give to their friends.

If parents have developed good communication patterns with their children over the years, then they will more likely be able to work out compromises and settle differences peacefully. However, parents will still feel frustrations. It may be difficult for parents to see their children view others with more significance and appreciation when the other people have not invested nearly as much time, love, and worry on the child as they have.

Setting limits is very important with adolescents. As with any other age group, limits help children feel more secure. However, adolescents will frequently rebel against limits that are imposed, no matter how appropriate those limits may be. Parents need to evaluate the boundaries set for their adolescent children and be certain that they are appropriate for his/her age group. Remember, the adolescent is moving quickly into adulthood and will need more independence and freedom.

# FEMALE PUBERTY TIME LINE

**AGE**



Hormones begin signaling reproductive organs to develop. (Ages 8-11)

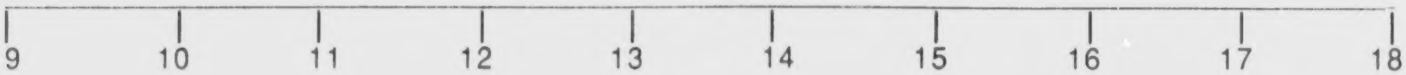
Breast size increases. Body fat increases, and the body become rounder in shape. Normal vaginal discharge begins. Activity of sweat glands increases. Skin oils increase; acne may occur. Vagina, labia, and clitoris become larger. (Ages 9-15)

Nipples grow. Pubic and underarm hair grows. Ovaries may begin to release mature eggs that can be fertilized. Menarche occurs. Enlargement of uterus occurs. (Ages 10-16)

Breast development is complete. Voice may deepen. Menstrual periods become more regular. (Ages 12-19)

# MALE PUBERTY TIME LINE

**AGE**



Testicles begin to grow. Scrotum skin becomes red and coarse. Height increases. Muscle mass increases. Straight pubic hairs appear.
(Ages 9-15)

Penis grows longer. Pubic hair spreads and becomes coarser. Height increases. Shoulders broaden. Hips narrow. Larynx enlarges; voice begins to deepen.
(Ages 11-16)

Penis circumference increases. Growth of underarm and facial hair occurs. Prostate gland and seminal vesicles become functional. First ejaculation occurs. Fifty percent of boys have breast enlargement, which decreases in 1-2 years. Skin oils increase; acne may occur.
(Ages 11-17)

Adult height is reached. Genitals achieve adult shape and size. Pubic hair spreads on thighs and stomach. Chest hair is present. Facial hair reaches full growth.
(Ages 14-18)

# DEVELOPMENTAL TASKS

Robert J. Havighurst is a well-known educator and behavioral scientist. He has identified eight developmental tasks of adolescents. Success in these tasks leads to happiness and success in other developmental tasks they will perform later in life. Failure leads to unhappiness, disapproval by society, and difficulty with later developmental tasks.

TASK ONE: To achieve new and more mature relations with peers of both sexes. This includes learning to work well with others in groups, learning to view girls as women and boys as men, and discovering how to become an adult among adults.

TASK TWO: Adopting socially approved masculine or feminine adult roles. This is more difficult today because roles are no longer preset for adolescents. This decision will affect dating patterns, career choices, and overall lifestyle.

TASK THREE: To accept their acquired physique and use their body effectively. They need to accept the myriad of changes taking place in their body and become proud, or at least tolerant, of their body. They need to learn to care properly for their body, to keep it healthy, and to protect it from physical harm and abuse from alcohol, tobacco, and drugs.

TASK FOUR: Achieve emotional independence. To think critically, review alternative choices, and make decisions. Develop a new type of affection for parents on a more adult level. Develop respect for other adults without depending on them.

TASK FIVE: Develop personal attitude toward marriage and family living. Obtain knowledge about marriage relationships, home management, and parenthood.

TASK SIX: Select and prepare for an occupation. Evaluation of personal skills, talents, and goals is necessary to choose an occupation for which the adolescent is well suited. Educational goals are then set to accomplish this task.

TASK SEVEN: Acquire a set of standards as a guide to behavior. It is necessary to form realistic priorities about what is important to the adolescent in life. The process of building personal priorities takes place through relations with others who are important to the adolescent and past experiences in the family and society. These personal priorities are important in guiding behavior and making decisions.

TASK EIGHT: To accept and adopt socially responsible behavior. Adolescents learn how society expects them to act and then incorporate those expectations into the behavioral patterns. This enables them to become an accepted, functioning member of society.

Havighust believes that parents and adults need to help and guide adolescents through these behavioral tasks that help to prepare them for their future as responsible adults.

**UNIT:** Decisions that Affect Children

**LESSON:** Positive Guidance
**TIME:** 5-6 days

## COMPETENCIES:

1. Identify basic behavioral needs of children. (Options 2, 6, and 14)
    a. List various reasons for misbehavior. (Options 2, 3, and 6)
    b. Define the terms "discipline," "guidance," and "punishment." (Options 4 and 6)
2. Identify positive and negative methods of guidance.
    a. Compare the effects of positive versus negative methods on the physical, emotional, social, and intellectual well-being of the child. (Options 5, 6, 7, and 9)
    b. Identify positive guidance methods that foster self-esteem in children. (Options 5, 6, and 12)
    c. Define guidelines for setting limits (age-appropriate, consistent, etc.). (Options 6 and 8)
    d. Debate the advantages and disadvantages of spanking. (Options 6 and 13)
    e. Identify guidance and discipline methods that reduce the risk of child abuse. (Options 6 and 10)
3. Role play the three styles of discipline (i.e., authoritarian, democratic, permissive). (Options 6, 11, and 14)

## SUMMARY/OVERVIEW:

Teaching and guiding children in their growth and development is of primary concern to parents and caregivers. The decisions related to providing adequate and appropriate discipline in effectively guiding children is sometimes fearful and often overwhelming to parents and caregivers alike. A caregiver who spends time understanding the development of the child, the cause of misbehavior, and positive methods of guidance, along with natural and logical consequences, will ultimately feel more secure in the guidance role and experience more success in guiding the child's behavior. The goal of discipline is for children to learn to govern themselves. We should reduce the opportunities for children to misbehave.

## MOTIVATOR:

Have students identify the most common type of discipline that was used in their homes as they were growing up. Share the ideas with the class. Write the ideas on the chalkboard. Circle the positive methods of discipline. Ask the students which methods they think would be most effective.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: N-O Spells No!, or The Wild Christmas Reindeer

OPTION 2--Competency 1
BEHAVIORAL NEEDS: Discuss the basic behavioral needs children have with the class. Use the transparency "BEHAVIORAL NEEDS OF CHILDREN" as a reference for students.

OPTION 3--Competency 1A
BEHAVIORAL NEEDS SITUATIONS: Have students identify the various behavioral needs represented on the worksheet, using the transparency, "BEHAVIORAL NEEDS OF CHILDREN."

OPTION 4--Competency 1B
GUIDANCE DEFINITIONS: Discuss guidance terms with the class using the teacher information.

OPTION 5--Competency 2
POSITIVE GUIDANCE: We all respond more positively if we are told what we are expected to do rather than what not to do. Positive guidance tells the child what he/she should do or is expected to do. It gives reasons and explanations and simple but specific directions. Have the students practice positive guidance skills in each situation listed on the worksheet.
Examples:

NEGATIVE: Don't throw snowballs at the window.
POSITIVE: If you want to throw snowballs, please aim at the tree.

NEGATIVE: Don't leave your room so messy!
POSITIVE: Let's clean up your room. You can pick up the toys and I'll fold the clothes.

OPTION 6--Could be any competency depending on the article
ASSIGNED READING: Assign students to read a current article on positive guidance from a magazine such as "Parents," "American Baby," or "Working Mother" and report to the class what they learned.

OPTION 7--Competency 2
NEGATIVE GUIDANCE: Have two volunteers come to the front of the classroom to play with various toys you have assembled. As the volunteers play, respond to them with negative statements. Be sure to use "don't" several times. As a class, discuss the effect on the volunteers. Discuss the long-term effects on the physical, emotional, social, and intellectual well-being of a child who is continuously subjected to this type of discipline.

OPTION 8--Competency 2C
SETTING LIMITS: Using the transparency "BOXES" to discuss the importance of setting appropriate limits with children/students.

OPTION 9--Competency 2
GUIDANCE OBSERVATION: Using the "GUIDANCE OBSERVATION" worksheet, observe parents interacting with children (or observe in the preschool) for at least 30 minutes. Count how often negative or "don't" statements are used and how often positive or "do" statements are used. If students can observe at different times of the day, they will see different guidance techniques. Using the observation sheet, note both positive and negative guidance methods that you observe. Choose three negative guidance methods observed and analyze what could have been done differently to make it a positive experience. (A different twist to this assignment would be to work in partners and observe each other interacting with children. Complete the same form.)

OPTION 10--Competency 2E
CONSEQUENCES: Present the information to the class, then complete the activity sheet "NATURAL OR LOGICAL CONSEQUENCES."

OPTION 11--Competency 3
DISCIPLINE ROLE PLAYS: Present information, then role play the given situations.

OPTION 12--Competency 2B
POSITIVE GUIDANCE CASE STUDIES: Discuss as a class, in small groups, or individually, the case studies on the worksheet. For each situation, the student(s) should identify an appropriate positive guidance technique, using any of the discipline and guidance techniques learned in this unit. Teacher note: This could also be done in a role-play situation.

OPTION 13--Competency 2D
SPANKING: As a class, list the advantages and disadvantages of spanking. (There should be very few, if any, advantages.) Discuss why we spank and who benefits from spanking. As a class, define the term "spanking." It should be emphasized that spanking is just hitting.

As a class, discuss at what point spanking become child abuse. Ask the class which types of guidance methods reduce the risks of child abuse. Show the video "A Lesson They'll Never Forget," July 23, 1993, "20/20."

As a class, identify what resources are available in your community for parent and/or child assistance. Be sure to include any parent education centers or classes available, hospital programs, family support services and groups, law enforcement agencies, and Citizens Against Physical and Sexual Abuse (CAPSA).

OPTION 14--Competencies 1 and 3
VIDEO: Show the video "Parenting Preschoolers with Anna Ramey—Practical Approaches to Providing Balance and Self-Esteem."

## RESOURCES:

"A Lesson They'll Never Forget" (You must tell them this show aired July 23, 1993.)
ABC News, Attention 20/20
P.O. Box 2284
South Berlington, Vermont 05407
1-800-913-3434, FAX, 802-864-9846, $34.95 plus $3.95 shipping and handling

"The Ten Worst Discipline Mistakes"
Reader's Digest, Reprint Department-R
Box 406, Pleasantville, NY 10570 (1-800-289-6457/914-244-5374)

A Practical Guide to Solving Preschool Behavior Problems, Second Edition, by Eva L. Essa, Ph.D., Delmar Publishers Inc., 1990, ISBN 0-8273-3965-8.

Good Behavior Made Easy, Stephen W. Garber, Ph.D., Marianne Daniels Garber, Ph.D., Robyn Freedman Spizman, Second Edition, 1993, Great Pond Publishing, Glastonbury, CT., 06033

Child Development roles, responsibilities, resources, Text, Prentice Hall, Englewood, N. J., 1990, ISBN 0-13-131111-5.

Positive Child Guidance, Darla Ferris Miller, Delmar Publishers Inc., 1990, ISBN 08273-3383-8, Instructor's Guide, 0-8273-3384-6.

The Wild Christmas Reindeer, Jan Brett, ISBN 0-399-22192-1

N-O Spells No!, by Teddy Slater, Illustrated by Meredith Johnson, ISBN 0-590 44186-8.

"Parenting Preschoolers with Anna Ramey—Practical Approaches to Providing Balance and Self-Esteem," Family Experiences Productions, Inc. 1509 Old West 38th Street, Suite 4, Austin, TX 78731, 512-451-TAPE, 58 minutes.

# BEHAVIORAL NEEDS

We all act in certain ways to meet our own personal needs. Children are no different, and their behavior, or misbehavior, can be understood best if the underlying need or reason for their behavior is identified. (Use the transparency " BEHAVIORAL NEEDS OF CHILDREN" for student reference.)

1. NORMAL BEHAVIOR FOR THE CHILD'S AGE. A 2-year-old child should not be expected to express his/her feelings in the same way that a 12-year-old would. Likewise, a 3-year-old child cannot sit quietly for as long as a 10-year-old can.

2. NATURAL CURIOSITY. Young children need opportunities to satisfy their curiosity. Experimentation is an important part of a child's life. This is not always easy for an adult to accept. A child playing in Mommy's makeup is simply satisfying curiosity needs.

3. THEY DO NOT KNOW ANY BETTER. Perhaps our instructions to them have not been adequate, or possibly misunderstood, and they are really trying to do what we have asked. Perhaps they are trying something new that they have never done and do not realize what the consequences of their actions will be.

4. TO GET ATTENTION. It is important that the caregiver gives attention to the child at appropriate times. Too often, attention is given at inappropriate times, which actually encourages the behavior that is unacceptable. When a child who is misbehaving receives attention, the misbehavior will most likely be repeated to gain attention in the future. Often the caregiver will not see this as attention, because it is negative in nature. However, it is important to keep in mind that negative attention is still attention. A more effective method is to ignore questionable or undesirable behavior. Give attention to children when they are doing what you want them to do.

5. FOR POWER. Children need to feel some power and control in their lives. If this does not happen, they become upset over the amount of control others have and may rebel in order to assert some degree of power and control. If the caregiver feels superior to the child and needs to have full control in the situation, the child's desire for power may pose a threat. In most instances, a power struggle will ensue, which escalates the situation.

6. FOR REVENGE. This may be directed to the caregiver if the child feels that he/she has no control in making decisions. In this case, the child will deliberately work to hurt the adult and to "get even" with him/her for what he/she has been made to do. In other instances, the revenge may be directed toward another child who they feel has wronged them. If one child falls over another child who is busy playing on the floor, the first child may react to the hurt by hitting the child on the floor. The concept of an accident may not yet be understood.

7. FEELING INADEQUATE OR INCAPABLE. Children who are constantly being corrected or given negative reinforcement will often quit trying because they are afraid of failing. In some instances, this is merely used as an excuse for lack of proper behavior. They may say they cannot do something simply because they do not want to do it.

8. THE NEED TO FEEL THAT THEY BELONG. A child needs to find a place in the family or peer group in order to feel that he/she belongs. Sometimes this place will be positive, and sometimes it will be negative, but in either instance, the feeling of belonging must be met.

# BEHAVIORAL NEEDS OF CHILDREN

1. Normal behavior for the child's age.
2. Natural curiosity.
3. They do not know any better.
4. To get attention.
5. For power.
6. For revenge.
7. Feeling inadequate or incapable.
8. The need to feel that they belong.

NAME ______________________________ HOUR ______________

## BEHAVIORAL NEEDS SITUATIONS

INSTRUCTIONS: For each of the situations listed below, identify which basic behavioral need(s) the child is expressing.

1. Peter, age 2 1/2 goes to church with his father. His father becomes very upset because Peter will not sit quietly. ______________
2. Mother asks David to help clear the table. David says, "I can't. I'm too little. I'll drop the dishes." ______________
3. A father has taken his son out to fish for the first time. The boy keeps snagging his hook and getting mixed up in what he should do. ______________
4. It is about 11 in the morning. Mary and John have been playing peacefully with the tinker toys. Gradually tempers flare and they begin quarreling over the pieces and hitting each other. ______________
5. Two boys are climbing the jungle gym. They call to a third boy to come join them. The third boy walks away and says he doesn't want to climb.

   ______________
6. A group of children in the day care center are playing in the housekeeping area. One child is the mother, another the father, and others are members of the family. Another child comes into the group to play but is immediately rejected. The rejected child begins to cry. ______________
7. A 4-year-old takes his big brother's knife and tries to cut a carrot. As a result, he cuts his finger. ______________
8. Jane, a 3-year-old, goes into her mother's bedroom and sees a lipstick on the dresser. She opens it and paints all over her mother's bedspread.

   ______________

9. Mary, a 5-year-old, usually goes to bed without any fuss. However, tonight, mother is having a party and the child comes out of the bedroom several times, demanding attention. ________________

10. Mary is playing with the kitten. The telephone rings and mother answers it. Immediately Mary runs over and requests that mother read her a story.

    ________________

11. Mary and Sue are playing house. Sue accidentally splashes some water from the sink on Mary. Mary fills a glass with water and pours it on Sue.

    ________________

12. A mother takes her 3-year-old outside to weed the garden with her. She tells the child to sit on the grass while she runs to get her tools. When she returns, the child is gone. ________________

# BEHAVIORAL NEEDS SITUATIONS--KEY

1. Peter, age 2 1/2 goes to church with his father. His father becomes very upset because Peter will not sit quietly. **#1**
2. Mother asks David to help clear the table. David says, "I can't. I'm too little. I'll drop the dishes." **#7**
3. A father has taken his son out to fish for the first time. The boy keeps snagging his hook and getting mixed up in what he should do. **#3**
4. It is about 11 in the morning. Mary and John have been playing peacefully with the tinker toys. Gradually tempers flare and they begin quarreling over the pieces and hitting each other. **#1**
5. Two boys are climbing the jungle gym. They call to a third boy to come join them. The third boy walks away and says he doesn't want to climb. **#7**
6. A group of children in the day care center are playing in the housekeeping area. One child is the mother, another the father, and others are members of the family. Another child comes into the group to play but is immediately rejected. The rejected child begins to cry. **#1**
7. A 4-year-old takes his big brother's knife and tries to cut a carrot. As a result, he cuts his finger. **#2**
8. Jane, a 3-year-old, goes into her mother's bedroom and sees a lipstick on the dresser. She opens it and paints all over her mother's bedspread. **#2**
9. Mary, a 5-year-old, usually goes to bed without any fuss. However, tonight, mother is having a party and the child comes out of the bedroom several times, demanding attention. **#4**
10. Mary is playing with the kitten. The telephone rings and mother answers it. Immediately Mary runs over and requests that mother read her a story. **#4**
11. Mary and Sue are playing house. Sue accidentally splashes some water from the sink on Mary. Mary fills a glass with water and pours it on Sue. **#6**
12. A mother takes her 3-year-old outside to weed the garden with her. She tells the child to sit on the grass while she runs to get her tools. When she returns the child is gone. **#1, #2, #3**

# GUIDANCE DEFINITIONS

Write the words "punishment," "discipline," and "guidance" on the board. Have the students write the words or impressions that come to their minds when they hear each word. As a class, define the words:

PUNISHMENT:

The act of punishing or act of being punished.

A penalty inflicted for a crime or offense.

Severe treatment (hurt, hit, spank, death sentence, prison).

Punishment may restrain a child temporarily, but it does not teach self-discipline. At best, it will only teach an obedience to authority, not a self-control that enhances self-respect.

DISCIPLINE:

Instruction designed to train proper conduct or action.

Punishment inflicted by way of correction and training.

The training effect of experience, adversity, etc.

Behavior in accordance with rules of conduct.

To train by instruction and exercise.

To bring to order and obedience by training and control (rule, consequences, grounding, control, training).

This word actually comes from the word disciple or follower. It is a long-term process that gradually leads to a child becoming responsible for his/her own behavior.

GUIDANCE:

The act or function of guiding.

Advice or counseling service (help, teach, show, counselors).

Our goal is to incorporate positive discipline and guidance. This will help the child to gain inner control and become independent and self-reliant.

NAME ______________________________ HOUR ______________

## POSITIVE GUIDANCE

We all respond more positively if we are told what we are expected to do rather than what not to do. Positive guidance tells the child what he/she should do. It gives reasons, explanations, and simple but specific directions. Have the students practice positive guidance skills in each situation.

Examples:

NEGATIVE: Don't throw snowballs at the window.
POSITIVE: If you want to throw snowballs, please aim at the tree.

1. Don't run with scissors in your hand.

   ______________________________________________

2. Don't forget your lunch.

   ______________________________________________

3. Don't jump in the house.

   ______________________________________________

4. Don't hit her again!

   ______________________________________________

5. Don't throw your book on the floor.

   ______________________________________________

6. Don't write on the wall with crayons!

   ______________________________________________

7. Don't play that ugly music.

   ______________________________________________

8. Don't act like a baby.

   ______________________________________________

9. Don't eat like a sloppy pig!

   ______________________________________________

10. Don't stay up so late!

________________________________________

11. Don't spill your food.

________________________________________

12. Don't bother me!

________________________________________

13. Don't slam the door.

________________________________________

14. Don't be so sloppy.

________________________________________

15. Don't track mud in the house.

________________________________________

16. Don't throw the toys.

________________________________________

17. Don't climb up the slide.

________________________________________

18. Don't dawdle on the way home from school.

________________________________________

19. Don't listen to that radio station.

________________________________________

20. Don't ever run inside again!

________________________________________

ACCENTUATE THE POSITIVE--
ELIMINATE THE NEGATIVE!!

# POSITIVE GUIDANCE--KEY

1. Don't run with scissors in your hand.
   **Walk with the scissors. Put the scissors on the table.**

2. Don't forget your lunch.
   **Put your lunch in your back pack.**
   **Pick up your lunch and take it with you.**

3. Don't jump in the house.
   **Put your feet on the floor. Jump outside.**

4. Don't hit her again!
   **Keep your hands to yourself.**

5. Don't throw your book on the floor.
   **Place the book on the shelf.**

6. Don't write on the wall with crayons!
   **Draw on this paper.**

7. Don't play that ugly music.
   **Change the radio station. Turn the music down.**

8. Don't act like a baby.
   **When you are calm, I'll talk to you.**
   **Speak clearly so I can understand you.**

9. Don't eat like a sloppy pig!
   **Chew with your mouth closed. Eat slowly.**

10. Don't stay up so late!
    **Go to bed on time. Your bedtime is at 9 p.m.**

11. Don't spill your food.
**Pour the milk slowly.**
**Carry the plate with two hands.**

12. Don't bother me!
**Go into another room, I need to be alone for a while.**

13. Don't slam the door.
**Shut the door softly.**

14. Don't be so sloppy.
**Comb your hair. Tuck your shirt in.**

15. Don't track mud in the house.
**Leave your shoes outside the door.**

16. Don't throw the toys.
**Put the toys on the shelf.**

17. Don't climb up the slide.
**Put your feet in front and slide down.**

18. Don't dawdle on the way home from school.
**Walk quickly home from school.**

19. Don't listen to that radio station.
**Turn off the radio.**
**Turn the radio to another station.**

20. Don't ever run inside again!
**Use your walking feet inside. Walk inside the house.**

## Setting Limits

**The goal of positive discipline and guidance is to help children gain inner controls.** As they gain these inner controls they become independent and self-reliant.

Having rules and setting limits appropriate for the age of the children allows them to be **"in control"** within those limits. Having these guidelines helps them to feel safe and secure.

If you asked a child if he/she would like to live in a home or go to a school where there are no limits or rules, he/she will usually answer yes. But inside, the child does not want to be in charge. he/she expects the adult to set some limits and maintain control. As the child grows and matures, the rules and limits should become less adult controlled, and the child/teenager should move gradually to an independent adult who can make choices and set personal rules and limits.

If you came to school and there were not any rules, you can imagine how chaotic it would be. If your teachers were always changing the rules, you would feel very insecure. For example, what if every day you went to school, they changed the order of your classes or the date when assignments were due? How would you feel if you did not know the dates of tests or the teacher's grading scale? That is exactly how a child feels in a home where rules and limits are not clearly defined or are always changing.

We can illustrate this principle with a visual demonstration called the boxes of freedom. (Use the "BOXES" transparency. You can draw boxes and place stick figures in the boxes to illustrate each of the following concepts.)

Look at these boxes as the outside limits for a child. Into which box would you place a 2-year-old? Where would you place a 17-year-old? If the goal is to help a child gain INNER CONTROL, then you want to allow a child to advance gradually into the next box that has greater freedom.

What do you think would happen to a 6-year-old (a child who is out of control and testing to find where his/her limits are) who is placed in box #5? Often children who are constantly getting "into trouble" are those children who do not have clearly defined limits. They are looking for someone to tell them what is or is not acceptable. Children may think it would be great not to have any rules, but inside they wonder if the adults in their lives "really care" about them.

What if we placed a 16-year-old in box #2? Teenagers would probably explode and be totally rebellious because their abilities to make decisions have been taken away from them.

The goal is to allow children to move from box #1 to box #7 as they are able to demonstrate that they are capable of handling responsibilities and limits.

Teenagers who have gained inner control do not need a "curfew" any longer. When they are finished with an activity, they will return home. They no longer need to stay out until the last minute, because they can make their own responsible decisions. One way teenagers can gain more "freedom" is to demonstrate to adult/parents that they do have inner control and have the ability to set their own limits and make responsible choices.

Adults often forget to help children learn from their mistakes. If a child/teenager has moved to box #4, then breaks a rule, some adults will suddenly restrict the child's freedom and place him/her in box #1 or #2. Perhaps after discussing the rules, the child's freedom needs to be restricted a bit until he/she can handle the additional freedom and responsibility. The child might be moved back to box #3 until he/she is ready to try the freedom and responsibilities found in box #4.

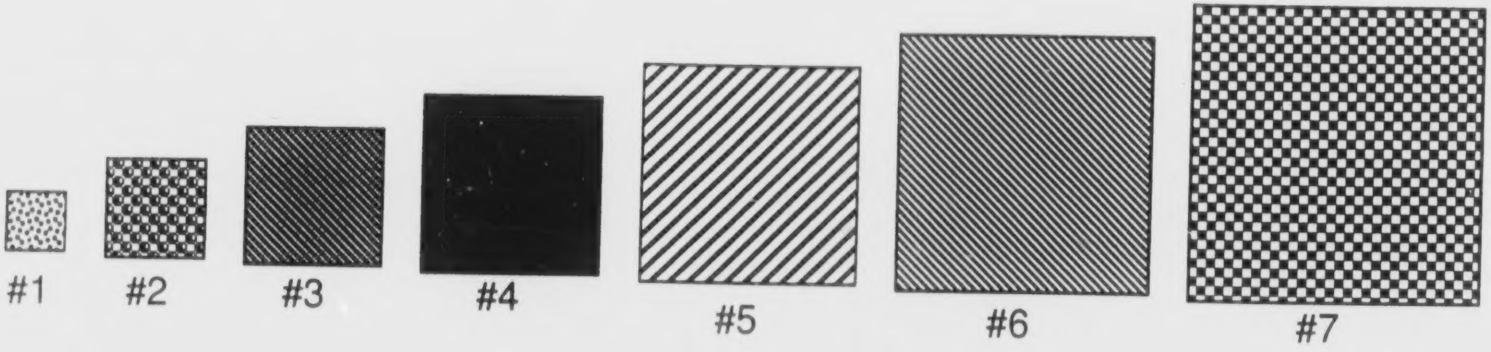
Remember, as a parent, the goal is to help children move from box #1 to box #7 where they become responsible members of society. With "freedom" comes responsibility. Adults in our society who are unable to function, break laws (rules), and lose their freedom are placed in the smallest box of freedom of all, JAIL!

Most 5-year-olds have better self-control than 4-year-olds. Children at this age are beginning to show self-control in some situations. (If students have observed children, they can share the difference between the control a 2-year-old shows as compared to a 5-year-old.) By the age of 10, children usually show a reasonable and dependable conscience that helps them to control their behavior. A teenager's conscience is approaching that of a mature adult. Parents still need to provide some boundaries as teens are not always able to do this for themselves. Teenagers still need support and structure.

A group of ninth graders went on a retreat with a church group. Later, one of the adults learned that a few teenagers had stolen some sweatshirts from the camp where they had stayed. The teenagers' parents' first reaction was to deprive their children of any further retreats. (They wanted to place them back into box #2.) The leader suggested that the teenagers suggest a solution to the problem. The teenagers decided to work to pay back the money for the shirts and to approach the administrator of the camp and acknowledge their error. This approach gave the teens an opportunity to assume responsibility for their inappropriate behavior.

As we model fair rules and limits and are consistent in enforcing them, we become models for children. They will learn from us how to handle situations and accept responsibility. The positive attitudes developed in a family has an effect on society as a whole. You can help develop your own inner controls when dealing with the members of your family and use positive methods of discipline and guidance methods. This will help you to develop patience and inner controls in dealing with difficult situations in your home and as you interact with young children.

# Boxes of Freedom



NAME ______________________________ HOUR ______________

## GUIDANCE OBSERVATION

Observe caregivers and children interacting in any setting (malls, homes, church, grocery store, park, etc.). Using the observation sheet, note both positive and negative guidance methods that you observe. Choose three negative guidance methods observed and analyze what could have been done differently to make it a positive experience.

## POSITIVE/NEGATIVE GUIDANCE OBSERVATION SHEET

INSTRUCTIONS: Observe caregivers and children interacting. Note both positive and negative guidance methods observed.

| **POSITIVE** | **NEGATIVE** |
|---|---|
| | |

Choose any three negative guidance methods that you observed and analyze what the caregiver could have done differently to provide a positive experience for the child.

| **METHOD OBSERVED** | **ALTERNATE PLAN** |
|---|---|
| 1. | |
| 2. | |
| 3. | |

# CONSEQUENCES

A consequence is the effect or result of an earlier occurrence. In many instances, consequences that are appropriate to the situation can be utilized by parents or caregivers to guide behavior.

A natural consequence is a direct result of a specific behavior. This type of consequence occurs naturally if no one interferes. For example, a child who oversleeps will miss the bus and have to walk to school.

Natural consequences are the best teachers that a child can have. If a child does something that results in unpleasant consequences, he/she will not want to repeat the act. If the child does something that results in pleasant consequences, then he/she will want to repeat the act.

For example, if a child forgets to take his/her lunch to school, he/she will have to go without lunch and will probably be very hungry at the end of the day. This will cause the child to remember the lunch in the future. When he/she remembers the lunch, he/she will be able to eat it and will feel better at the end of the day. These pleasant consequences will cause the child to continue that behavior.

Some natural consequences are too severe for the child to experience, and a parent or caregiver must intervene. For example, a child who runs out into the street would be hit by a car. This consequence is too severe. In this instance, the caregiver could utilize a logical consequence.

A logical consequence is an imposed consequence that is directly related to the behavior. Besides being used when a natural consequence would be too harmful or dangerous, it is also used when rules of the home or classroom are broken.

There are four rules to remember when applying logical consequences:

1. The consequence must logically follow the act. It must be related to the undesired behavior. For example: You have just found Johnny playing outside. He is covered from head to foot in mud. The logical consequence would be to make him wash off in the house, clean up in the bathroom, and stay in the house for a while.

2. The consequence cannot be imposed in anger. This also is interpreted as punishment. Even a good consequence can be made negative depending on how it is administered. If Sarah is hitting Caleb and screaming at him, it will not work well for you to yell at her and spank her. Simply remove her from the situation and get her involved in a quiet activity.

3. The consequence must make the child feel as though it is an unpleasant result of behavior. The consequence should be given, and then let the child feel its effects without further comment from the adult. Reminding the child of what is happening will only cause resentment. Wayne made cookies as a surprise for his family. He forgot that he needed to clean up the kitchen after he was finished baking. When mother got home, she complimented Wayne on the delicious cookies he had made, then made him come in from playing basketball to clean up the mess. Mother went about her business, and Wayne went about his business. No argument or harsh words were spoken.

4. The consequence should be short enough in duration and specific enough to have an impact on the child. A brief restriction is more successful than a longer one. If a child takes a toy from another child, she should return the toy to the other child and have a short (1-5 minute) time-out. Restricting her play for the rest of the day is inappropriate.

Have students complete the activity sheet. Using these four rules and definitions given, list a probable natural consequence that would not be appropriate, and identify a logical consequence that would be appropriate.

NAME ________________________________ CLASS ____________

## NATURAL OR LOGICAL CONSEQUENCES

INSTRUCTIONS: Using the four rules discussed in class, complete this chart. Circle the option that best resolves the problem.

| ACT | PROBABLE NATURAL CONSEQUENCE | POSSIBLE LOGICAL CONSEQUENCE |
|---|---|---|
| Child refuses to clean bedroom. | | |
| Child hits and bites other children. | | |
| Child insists on interrupting mother while she is on the telephone. | | |
| Child refuses to eat at mealtime. | | |
| Child runs into a busy street. | | |
| Children fight over whose turn it is to play video games. | | |
| Child will not brush his/her teeth. | | |
| Child is not ready for school on time. | | |

# DISCIPLINE ROLE PLAYS

Discuss as a class where they believe they have learned to discipline children.

Explain that family discipline can be broken down into three categories. They vary by the attitude of the adult about how much control he/she feels is necessary to guide the children.

One type is called **permissive** discipline. Here the child is in control and is allowed to do whatever he/she wants to do. The child follows his/her own moods and desires causing overaggressiveness and confusion for the child. These children often wonder if anyone cares about them.

Another type of family discipline is **authoritarian** or adult control. The adult completely controls the child, causing loss of independence, submission, or rebellion. This is similar to a dictatorship style of government.

The third type of family discipline is **democratic**. It is based on a belief in the worth, dignity, and creative capacity of every individual. The child is given opportunities to think for himself/herself and learn to be aware of the rights of others. It is concerned with individual freedom. Limits are set, but the child is allowed to act for himself/herself within those limits. These children tend to feel that they are responsible for their decisions and actions.

Divide the class into three groups. Each group will represent one type of discipline. Have students role-play the following situations, according to the discipline type they have been assigned.

1. A family is making plans for a vacation. The little kids want to go to Disneyland. The teens want to stay home and do what they want. The parents had wanted to take all the children camping and spend time together.

2. A class has been assigned to prepare a special bulletin board for back-to-school night. It must select a theme, plan the bulletin board, and provide the necessary supplies to complete the assignment. One person has been assigned as the class leader.

3. A family is going to the ice cream store for ice cream cones. There are five local ice cream stores. One specializes in shakes and malts, one specializes in sundaes, and one specializes in less-expensive soft cones. The children range in ages from 3-15.

4. A family is considering moving to a larger home. It will require that the children attend a new school, but it is located in the same city. The children range in ages from 2-10.

Have the class gather together and discuss the outcomes of their various role-plays.

# POSITIVE GUIDANCE CASE STUDIES

Discuss the case studies as a class.

1. Your child, who is in kindergarten, arrives home, proudly carrying a new toy. When you question him about the toy, he tells you that his friend gave it to him.

2. A baby is sitting in an infant seat. Your toddler walks over to the baby and begins hitting the baby on top of the head. The toddler does not realize how forcefully she is hitting the baby.

3. Your 5-year-old son is playing with his friend. When your son refuses to play the game that the friend wants to play, the friend says, "If you will not do what I want to do then I am going home."

4. You are grocery shopping with your two children, ages 3 and 6. You are in a hurry and the children are constantly begging for treats.

5. Your 15-month-old child is walking very well and is able to open drawers and cupboards. Several times, you have found her reaching into the utensil drawer and climbing in the cabinet under the sink to play with the cleaning fluids.

6. Your children are outside playing with some friends. Two of the children have monopolized the teeter-totter and refuse to allow anyone else to have a turn.

7. You have just put your 5-year-old to bed and now you are trying to catch up on some work. He keeps calling to you and requesting drinks, trips to the bathroom, stories, etc.

8. A handicapped child has just moved into your neighborhood. One night your 6-year-old child comes home singing a chant that she has learned from other children that pokes fun at the handicapped child.

9. It is early in the morning and you are in a hurry to get to work. Your 3-year-old child refuses to wear the clothes that you have set out for him to wear. He insists that they "tickle him" and refuses to wear anything other than the same clothes that he wore yesterday.

10. Your 4-year-old child has just finished an art project and has put all of her supplies away.

**UNIT:** Decisions That Affect Children

**LESSON:** Setting the Stage for Learning--Play

**TIME:** 1-2 days

**COMPETENCIES:**

1. Discuss the social patterns and stages of play as seen in children. (Options 2, 3, and 5)
2. Evaluate various toys for concepts and skills learned, age-appropriateness, safety, etc., according to the guidelines established in class. (Options 7, 8, and 9)
3. Play increases children's ability to get along with others and to solve problems.

**OVERVIEW/SUMMARY:** Play is a child's work. It is vital that we provide children with quality play time. There are many types of play. Each type has a useful purpose. Toys should be selected with a purpose in mind. Toys should be evaluated to ensure their safety and usefulness.

**MOTIVATOR:**

Have four or five color-coded stations set up around the room. As students come to class, give them a colored name tag that corresponds to one of the stations in the room. Direct them to go to that station. At each station, the teacher should have a different game, toy or activity for students in the group to play with. Have each group analyze what age levels are appropriate to this particular toy, game, or activity and all of the skills and behaviors that can be developed by using this item. Have each group report their findings to the class.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: I Spy

OPTION 2--Competency 1
SOCIAL PATTERNS: Discuss the social patterns seen in young children (see teacher information).

OPTION 3--Competency 1
TYPES OF PLAY: Discuss the four areas in which play helps children grow (see teacher information) and complete the accompanying worksheet, "PLAY IS A CHILD'S WORK."

OPTION 4--Competency 3
CHILDRENS' PLAY: Have students read an article dealing with the importance of play from a text or other reference book or use the article "Children's Play" included with this lesson. They should then write a one-page paper about what they learned and how they can apply it in a home/preschool. Discuss their conclusions as a class.

OPTION 5--Competency 1
OBSERVATIONS: After discussing social patterns, have the students complete the observations concerning social patterns ("Social Patterns Observation" worksheet for each student). You may wish to make the example into a transparency to use as a guide as the assignment is explained.

OPTION 6--Competency 3
VIDEO: Show the class "About Play," from the "Human Development Series," Concept Media, P.O. Box 19542, Irvine, California 92713-9849.

OPTION 7--Competency 2
CHILDREN AND THEIR PLAY: Have students complete the worksheet in groups or individually (Copy of "Children and Their Play" for each group or each class member).

OPTION 8--Competency 2
TEACHER PRESENTATION: Selection of toys.

OPTION 9--Competency 2
TOY LAB: Gather various toys, number them, and display them around the room. Have students evaluate each toy using the "TOY LAB" sheet.

# SOCIAL PATTERNS

There are six basic classifications of social patterns used by children. They are:

1. UNOCCUPIED BEHAVIOR: The child is not involved in any particular activity. He/she just observes what seems interesting at the time. When nothing of interest is happening, he/she will walk around, look around, or play with his/her fingers, hair, etc.

2. ONLOOKER BEHAVIOR: This behavior involves watching other children play. The child may talk to the children who are playing but does not become actively involved. The onlooker wants to be close enough to interact with the children who are playing whereas the unoccupied child's interest keeps shifting to anything that interests him/her at the moment. (TODDLERS)

3. SOLITARY PLAY: This type of play involves a child playing alone. He/she has no interest in anyone else or what they are doing. The toys he/she plays with are different from those the other children are playing with. He/she is totally involved in a personal activity. (INFANTS)

4. PARALLEL PLAY: This type of play involves a child playing beside other children. There is no actual interaction, but the toys are similar. The child is playing beside the other children rather than with them. (2-3 YEARS)

5. ASSOCIATIVE PLAY: This type of play involves playing with other children. The children share toys and interact with one another. Children are involved in similar but not identical activity. There is no specific organization of activities. Each child does what he/she wishes but is a part of a large group. (3 YEARS-SCHOOL AGE)

6. COOPERATIVE PLAY: This type of play involves organization. The child is a part of a group that has a specific purpose in mind such as making an art project or playing a game. There are usually leaders and followers in this type of play. (6-9 YEARS)

# TYPES OF PLAY

Play is an important part of a child's life. It provides a purpose for the child. Children must play to help them grow. There are four basic areas of growth:

1. PHYSICAL: Play develops large and small muscles and increases speed, strength, and coordination.
2. EMOTIONAL: Children learn how to handle their feelings and fears through play. It gives them opportunities to try expressing emotions they have seen other people express.
3. INTELLECTUAL: Play teaches children how things work. They learn how to reason and solve problems as well as practice new mental skills.
4. SOCIAL: Play teaches children the type of social behavior that is acceptable in society. They find ways to get along with other people. They become more understanding of other people and learn to share and cooperate.

There are many types of play. Some general types are listed below.

## DRAMATIC OR MAKE-BELIEVE PLAY

The child is involved in make-believe or imaginative situations. They may wish to play house, doctor, office, bank, or restaurant. This play is important in the development of a child because it teaches about real life situations and problem solving. It also teaches social interactions and behaviors. The child is able to express him/herself in a different role, which allows him/her to release pinned-in emotions. During dramatic play, children may act out things they have experienced such as happy moments, sad moments, fears, or anxieties.

## ACTIVE PLAY

A child is involved in playing and interacting with others and/or with objects. A child needs to be involved in active play a majority of the time because children learn by actively playing. The term activity does not necessarily mean jumping up and down or running. A child can actively look at a book, put a puzzle together, look at the clouds and create images out of them, etc.

## PASSIVE PLAY

Passive play is passive or noninteractive. A child does not interact with anyone or anything. There will be times when all children need to have passive play; when they are tired, angry, watching television, or just need a few minutes alone. However, when a child is passive and not interactive a great deal of the time, a caregiver needs to try to involve the child in some form of active play. Watching television is a great example of passive play. Children should be limited in the amount of passive play they are allowed to have.

## SKILL MASTERY PLAY

This type of play occurs when a child learns or is beginning to learn a new skill. The child will continue to repeat the new skill over and over and over. Some examples of skill mastery play are rolling down a hill, riding a bike, skating, etc. A child will engage in the same play activity for hours. This allows for several developmental processes to take place. First, the child is mastering or perfecting a skill. Secondly, as the child is in the process of mastering the skill, he/she recognizes his/her progress and feels a sense of accomplishment. This builds self-esteem.

## SENSORY MOTOR PLAY

This type of play utilizes the senses and motor skills. A child playing in sand, mud, water, play dough, saw dust, corn meal, packing material, ooblick, or any type of textural media is actively involved in learning about premath and prescience concepts. The way the matter feels, the way it pours or oozes, and the way it changes by combining it with other matter are important concepts for the child to learn.

## ROUGH-AND-TUMBLE PLAY

This type of play can look a great deal like wrestling or fighting. When children are playing, their faces will represent happiness and their tone of voice will be pleasant. However, if there is anger or fear in their faces or voices, a caregiver needs to intercede. Rough-and-tumble play allows for a great release of energy as well as physical and social development.

Name ______________________________ Class ____________________

# PLAY IS A CHILD'S WORK

Explain the following types of play:

1. Solitary Play

2. Parallel Play

3. Cooperative Play

How does play allow children to grow in the following areas:

4. Physical

5. Emotional

6. Intellectual

7. Social

For each toy listed below, decide the type of development this would provide a child. Use the following letters to identify the type of development. More than one answer may apply for each question.

I = Intellectual
P = Physical
S = Social
E = Emotional

8. _______ Puzzles
9. _______ Counting frames
10. _______ Painting
11. _______ Tricycle and wagons
12. _______ Books
13. _______ Acting out stories
14. _______ Matching picture cards
15. _______ Playing in a kitchen center
16. _______ Outdoor equipment

Label each of the following cases as solitary play, cooperative play, or parallel play.

10. Brad comes to preschool and walks over to play with the blocks. Brenda tells Brad to build a school right where he is and she will make a road to it. Brad begins working on the school and shows Brenda where he wants the road to be.

    TYPE OF PLAY: ______________________________

11. Eric runs into the preschool room and picks up the blue dump truck and begins driving it all over. He talks to himself as he drives back and forth telling the driver to watch out for the other kids.

    TYPE OF PLAY: ______________________________

12. Matt and Meg are both playing in the sand box. Matt is making mud soup, Meg is building a castle. They share the funnel and bucket but do not say too much to each other except to ask for the funnel or bucket.

    TYPE OF PLAY: ______________________________

13. Ted is playing shopkeeper. Sue and Pam come to buy groceries. They select the food they want and go to the cash register. Ted asks them for money. They do not have enough money to pay for their groceries. They discuss how they can get the food they need.

    TYPE OF PLAY: ______________________________

# CHILDREN'S PLAY

Think of preschoolers playing. You probably picture them chasing each other, playing house, painting or coloring, and basically just having fun.

For preschoolers, playing is an especially important tool that 2-, 3- and 4-year-olds use to learn about themselves, others, and how their world works.

Every child wants to learn. That desire causes a child to constantly do things like moving, splashing in puddles, dressing like adults, etc.

Playing helps preschoolers develop physically, socially, and intellectually. That is why a 2-year-old plays differently than a 4-year-old. The 4-year-old can already grab fat crayons and draw squiggles. He/she is ready for skinny crayons, paint brushes, and coloring or painting figures that portray people.

If you had to study all day, it would get boring and your study would be fairly unproductive. You must have a break to refresh your mind and eat something. This concept is similar to why preschoolers need to play. The delight and pleasure in play enhances their physical and intellectual development. The best way to keep a child happy and learning is to let him/her play.

Allowing children to play will give a child confidence. While children are playing, adults do not have to tell them how to have fun or what to do. They make up their own rules, games, and guidelines. This teaches them independence and gives them self-assurance.

If a child just sits watching television for hours, he/she does not have the opportunity to actively learn and interact with other children and toys. Children who have not been allowed to play are not ready for school. They do not know how to explore, how to learn, how to make friends, or how to find information by themselves. Do not allow children to watch too much television. Encourage them to play. Make up games or have a friend over to play. Make the play active and fun.

If you watch two preschoolers of different ages, you will see that they play in different ways. The way a child plays is related to his/her physical, mental, social, and emotional development. During the first eighteen months of life, most children's play involves sitting up, crawling, standing, and walking. A child who has learned to crawl will follow a rolling ball across the room.

A 3-year-old child has mastered walking. The child then tries to kick a ball and chase other children.

Three- and 4-year-old children have better control of their large muscles. They like tricycles, blocks, paints, and clay.

Play also builds language and social skills. Children learn social skills by playing with one another. They learn how to take turns, how to share, and how to deal with their own emotions and the emotions of others. Language skills are developed as the child hears adults speak and tries to imitate them.

As children grow, they become more interested in other children. Most 2- or 3-year-olds participate in *parallel play*. This means that they play by each other with similar toys, but they do not really interact or play with one another. This type of play is appropriate for their emotional development. They are egocentric (selfish) and have a difficult time sharing. They like to do things their own way. Common words are "me," "I want to" and NO!" These words help them decide who they are.

When a child is somewhat self-assured, he/she can relax a bit and begin playing with other children. This happens around age 4.

When children pretend play, it helps them express and cope with their emotions. For example, a child who is afraid of the dark may build a fort and play inside it. Going in and out of the darkness helps that child work out fears about darkness.

Intellectual learning also occurs during play. Playing with nesting blocks teaches basic math concepts such as "bigger than." Hide and seek teaches terms such as "under," "inside," "around," "between," "over," etc.

Playing is how a child learns and how he/she develops physically, mentally, socially, and emotionally. Remember, play is a child's work--the most important work they will ever do!

Name ______________________________ Class ________________

## OBSERVATIONS

Observe a child involved in each of the social patterns for several minutes. Write down everything the child does and says. After observing each type of behavior, answer this question in depth: "What types of factors contributed to the play behaviors you observed?" (environmental, social, emotional, physical, developmental)

Observe and record one example for two or more types of play or social patterns listed below:

- UNOCCUPIED BEHAVIOR
- SOLITARY PLAY
- ONLOOKER BEHAVIOR
- COOPERATIVE PLAY
- ASSOCIATIVE PLAY
- PARALLEL PLAY

EXAMPLE:

**Name:** Kim Leavitt

**Date:** April 24, 1993

**Child:** Delaney Olsen **Child's Age:** 4

**Social Pattern:** Solitary Play

**Actual Observation:**

Delaney is sitting at the puzzle table. She pats a roll of play dough with one hand on top of another. She rolls it with a large roller, using both hands. She picks up the edges of the dough. Now she picks up all the dough and turns it over. She pats it with both fists, then pats it with the palm of her hands. She picks up two cookie cutters and places them both on the dough. She presses with both hands--leaning and slightly standing as she presses. She removes one cutter with dough stuck inside and pushes it out with one finger.

**Factors Contributing to the Behavior:**

No other children were playing with the play dough. This allowed Delaney the opportunity to engage in solitary play for a few minutes. This type of activity can be done and enjoyed alone.

The observation forms are found on the following page.

## OBSERVATIONS

**#1** **Your Name:** ______________________

**Date:** ______________________

**Child's Name:** ______________ **Child's Age:** ______

**Social Pattern:** ______________________

**Actual Observation:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Factors contributing to the behavior:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**#2** **Your Name:** ______________________

**Date:** ______________________

**Child's Name:** ______________ **Child's Age:** ______

**Social Pattern:** ______________________

**Actual Observation:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Factors contributing to the behavior:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Name ______________________________ Class ____________________

# CHILDREN AND THEIR PLAY

Playtime is a preschooler's fun time, but it is also work and consumes the largest part of his/her life. Toys and play activities, when thoughtfully planned, can be extremely valuable for the young child. Toys and activities provide a variety of experiences to enhance a child's development. For each item below, list as many different play activities, games, and/or toys that would assist a child in that area.

1. Large Muscle Development:
   Activities/Games:

   Toys:

2. Small Muscle Development:
   Activities/Games:

   Toys:

3. Balancing Skills:
   Activities/Games:

   Toys:

4. Release of Physical Energy:
   Activities/Games:

   Toys:

5. Eye-Hand Coordination:
   Activities/Games:

   Toys:

6. Mental Development:
   Activities/Games:

   Toys:

7. Social Skills:
   Activities/Games:

   Toys:

# SELECTION OF TOYS

The selection of toys is important. Toys should allow children to use their senses, fine and gross motor skills, and imaginations. When selecting toys, safety is an important consideration. When buying toys for infants and toddlers, consider these factors:

1. SIZE: The toy should be larger than the child's two fists. This includes parts of the toys as well as the entire toy.

2. DURABILITY: The toy should not break easily. Glass and brittle plastic are the most dangerous types of toys.

3. NO LONG STRINGS OR CORDS: These can get wrapped around the baby's neck.

4. NO SHARP EDGES OR POINTS: A toy that has been broken may have a sharp edge or point even though the original toy was safe.

5. NONTOXIC: It is best to avoid all painted toys for babies who put toys in their mouths.

6. NONFLAMMABLE: Flame retardant or flame resistant means that toys are not likely to ignite.

7. WASHABLE AND CLEAN MATERIALS: This is especially important in relation to dolls and stuffed toys.

When buying toys for older children, consider these factors:

1. SAFE ELECTRIC TOYS: Wiring and warning labels should be intact. Toys that heat are intended for children over age 8.

2. SAFE TRICYCLES AND BICYCLES: These should be correctly assembled. Seats should be properly adjusted and reflectors or lights should be in place.

3. TOYS SHOULD BE USED FOR THE INTENDED AGE: Some toys require more knowledge and motor skills on the part of the user. These toys should not be used by younger family members.

4. NOISE AT ACCEPTABLE LEVELS: Toys that make sounds that can result in ear damage are banned by law. However, parents may choose to ban toys that fall under the guidelines but are nevertheless too loud.

5. STURDY, SAFE, LARGE EQUIPMENT: Moving parts should be manufactured in such a way as to prevent pinching or crushing fingers. Bolt ends should be covered to prevent tearing skin. Large equipment should be firmly anchored to the ground, and all edges should be smooth.

CHILD PROTECTION AND TOY SAFETY ACT: Complaints about the safety of many toys resulted in the passage of the Child Protection and Toy Safety Act in 1969. This law gave the Food and Drug Administration the authority to remove and keep off the market hazardous toys as well as other hazardous children's products. Since the passage of this law, more than 1,500 toys have been banned. Banned toys are toys that should not be sold. Some toys were banned because of electrical hazards. Other toys with heated parts or substances or surfaces that could cause serious burns have been banned. Other toys such as toy rattles containing sharp points, rigid wires, or loose small objects that could become exposed and cause cuts are banned.

SAFETY TESTS: Toy safety tests have been established by the U.S. Consumer Product Safety Commission for children of different ages. Different procedures are followed to test toys for children 18 months of age or younger and for children over 18 months and up to 8 years. Different testing procedures are used because children of different ages use toys in different ways. One test for toys for children under 18 months is to drop the toy 10 times from shoulder level (4 1/2 feet) onto a concrete surface covered with asphalt tile. This test simulates a child standing in a crib and dropping a rattle or toy over and over again. If the toy breaks, the child could be hurt by sharp plastic edges. If a toy containing rattling parts was broken, the child might put these parts into his/her mouth.

A test for toys for children over 18 months is to drop the toy four times from a height of three feet. This test simulates a child dropping a toy from a high chair. The purpose of the test is not to guarantee that certain toys will not break but to ensure that if they do break, they are not dangerous because of sharp edges or very tiny pieces.

Some toys are not safe because they have parts that can be removed such as squeakers or eyes of stuffed animals or dolls. These removable parts on toys for children under 18 months must withstand a pull of 10 pounds without coming loose. Toys for older children must withstand a pull of 25 pounds without coming loose. This test simulates a child pulling on parts of a toy such as squeakers or eyes of stuffed animals or dolls. To simulate means to pretend you are a child and do what he/she might do with a toy. The Consumer Product Safety Commission tests are all simulations. They do not have children dropping or pulling on toys. They have individuals and equipment in a laboratory drop and pull toys as children are likely to do.

Along with safety, age appropriateness should be considered. A child playing with a toy beyond his/her age level may become frustrated and could be in danger.

The skill level of the child the toy is intended for is also an important consideration. Skill levels may differ somewhat between children, so each child should be considered individually.

Toys are valuable teaching tools. Consider the concepts and skills learned from the toy and select toys that will allow the child to develop needed skills or understand new concepts.

Name ______________________________ Class ____________________

## TOY LAB

| TOY NUMBER | APPROPRIATE AGE LEVEL | CONCEPTS OR SKILLS LEARNED | SAFETY CONSIDERATIONS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**UNIT:** Decisions That Affect Children

**LESSON:** Setting the Stage for Learning--Reading

**TIME:** 4-5 days

**COMPETENCIES:**

1. Discuss the importance of reading to children and how to select appropriate books for various ages. (Options 2 and 3)
2. Practice effective reading and storytelling techniques. (Option 4)

**OVERVIEW/SUMMARY:** The ability to read is one of the most important skills a person can possess. It is important to begin when children are young to teach them to love reading. Reading to children will greatly enhance their reading readiness.

TEACHER NOTE: This lesson would work well as an introduction to children's books. If you are going to have students compile the list during the year, you may want to present this lesson first.

**MOTIVATOR:**

Assign students ahead of time to bring their favorite book to class for this presentation. You do not need to stipulate what type of book they should bring. For the motivator, have the students give a one-line summary of why they chose the book they did. Explain that there is a wide variety of books because every person has a different personality. The books we read reflect the type of person we are, and the books we read influence the type of person we will become.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: I Hate to Read!

OPTION 2--Competency 1
CHILDREN'S LITERATURE: Have students spend time in the children's section of the library and complete the assignment, "CHILDRENS' LITERATURE." (You may wish to have the students bring books from home or use classroom books as a reference.)

OPTION 3--Competency 1
CHILDREN'S BOOK EVALUATION: Have students work in pairs to complete the "Children's Book Evaluation."

OPTION 4--Competency 2
TECHNIQUES FOR READING ALOUD TO CHILDREN: Assign each student to present a story to the class, using the information and sheet "TECHNIQUES FOR READING ALOUD TO CHILDREN." Explain to students that a Caldecot award is for best illustrations. A Newberry award is an award for the best story. Stories will be graded using the "READING ALOUD EVALUATION" form.

Name ______________________ Class ______________

## CHILDREN'S LITERATURE

Reading to children from an early age will help children in many ways. They learn language skills, are taught appropriate behavior skills, learn about the world around them, and develop their personal reading ability. It also stimulates imagination and teaches the value of reading.

Your assignment is to spend time in a children's library. Select five storybooks that would be appropriate for preschool children. Read each book and complete the following information for each book.

Please follow this outline:

1. Title
2. Author
3. Publisher
4. Illustrator
5. Copyright
6. Age level this book is intended for
7. Evaluation of illustrations
8. Evaluation of story
9. Brief summary of story
10. ISBN #

Name ______________________________ Class ________________

# CHILDREN'S BOOK EVALUATION

You and your partner should complete this evaluation of a children's book.

TITLE: ____________________________________________
AUTHOR: __________________________________________
ILLUSTRATOR: ______________________________________
ISBN #: ___________________________________________
HONORS OR AWARDS: _________________________________
DATE OF PUBLICATION: _______________________________

| | | NOT APPLICABLE | POOR | GOOD | SUPERIOR |
|---|---|---|---|---|---|
| 1. | Colorful, interesting illustrations | N/A | 1 | 2 | 3 |
| 2. | Appeals to at least one of the senses | N/A | 1 | 2 | 3 |
| 3. | No sex-role stereotyping | N/A | 1 | 2 | 3 |
| 4. | No prejudices | N/A | 1 | 2 | 3 |
| 5. | Encourages cooperation | N/A | 1 | 2 | 3 |
| 6. | Teaches how to deal with emotions | N/A | 1 | 2 | 3 |
| 7. | Uses appropriate speech patterns | N/A | 1 | 2 | 3 |
| 8. | Illustrations match the story | N/A | 1 | 2 | 3 |
| 9. | Story is in a logical sequence | N/A | 1 | 2 | 3 |
| 10. | Uses age-appropriate vocabulary | N/A | 1 | 2 | 3 |
| 11. | Made with quality paper | N/A | 1 | 2 | 3 |
| 12. | Binding is sturdy | N/A | 1 | 2 | 3 |
| 13. | Cover is sturdy | N/A | 1 | 2 | 3 |
| 14. | Has various ethnic groups in the story | N/A | 1 | 2 | 3 |
| 15. | Word ratio to illustration is appropriate | N/A | 1 | 2 | 3 |

THOUGHT QUESTIONS:

16. Analyze the positive AND/OR negative concepts a child can learn from this book.

17. Evaluate whether a child would be interested in the book. Why or why not?

18. Compare the book to another children's book with which you are familiar. Discuss the differences and similarities.

19. Explain your personal feelings about the book.

# TECHNIQUES FOR READING ALOUD TO CHILDREN

## PREPARATION TECHNIQUES:

1. Be familiar with any book you plan to read to children. Familiarize yourself with the story, the characters, and the scenes. You want to make the book come alive for the children.
2. Practice any unusual phrases or rhythms and learn any new vocabulary terms in the book that may need to be explained to the children.
3. Prepare a reply for children who have already heard the story or who do not want to hear a story.
4. Practice using any visual aids, props, or pictures. Make sure that all visual aids are clean, simple, and large enough to be seen by all the children.
5. Prepare open-ended questions for the children to answer.
6. Prepare some summary remarks after the book has been read.
7. Prepare some transition remarks to lead into the next activity after the story has been read and the questions answered.

## PRESENTATION TECHNIQUES:

1. Know how to pronounce the names of the author and illustrator. If you know something interesting about the author or illustrator, share it with the children.
2. Sit on the same level as the children. Sit directly in front of the children. Before you begin reading, be certain that all the children are seated where they can see the illustrations. (When reading to one child, sit next to the child's left. This helps with prereading skills as the child follows the reading from left to right.
3. Introduce the book by giving the title, author, illustrator, and the subject of the book. Make the introduction interesting to get the children's attention.
4. Maintain as much eye contact with the children as possible. Be familiar with the book so that you do not need to keep your eyes glued to the page.
5. Use facial and verbal expressions. Your eyes, small body motions, and intonation and volume variance can make a huge difference in the children's response to the book. These techniques make the book come alive for the children.
6. While reading the book, hold it up in front of the children so they can see the illustration. If the book has few words per page, you will need to hold the pages open long enough for the children to see the illustrations. Do not be in a big rush! Give the children plenty of time to see the illustrations and pictures.
7. Use words the children may not have heard before. Explain what the words mean either before you begin reading the story or when you come to the word. Have the children repeat the word, then reinforce the learning by using the new word in other activities or interactions.

Name ______________________________ Class ________________

## READING ALOUD EVALUATION

You will complete the following evaluation in pairs. Each student will take turns acting as the evaluator and the presenter. Evaluators need to be specific and honest with constructive criticism and compliments. Discuss the evaluator's comments, then switch roles and repeat the procedure. Remember to use the techniques discussed in class. Review this evaluation sheet before you read your story.

| | | NEEDS IMPROVEMENT | SATISFACTORY | GOOD | SUPERIOR |
|---|---|---|---|---|---|
| 1. | INTRODUCTION:<br>Gives author, illustrator, subject<br>Interesting--grabs your attention<br>Comments: | 1 | 2 | 3 | 4 |
| 2. | FAMILIAR WITH THE STORY:<br>Comments: | 1 | 2 | 3 | 4 |
| 3. | MAINTAINS EYE CONTACT:<br>Comments: | 1 | 2 | 3 | 4 |
| 4. | VOCABULARY:<br>Reads freely through the book.<br>Discusses new terms with the child<br>Comments: | 1 | 2 | 3 | 4 |
| 5. | PROPER POSITION OF BOOK<br>Holds books to one side while reading<br>Allows everyone to see the illustrations<br>Comments: | 1 | 2 | 3 | 4 |
| 6. | PROVIDES ADEQUATE TIME TO VIEW ILLUSTRATIONS:<br>Comments: | 1 | 2 | 3 | 4 |
| 7. | VOICE AND DICTION:<br>Good volume, clear pronunciation of words<br>Comments: | 1 | 2 | 3 | 4 |
| 8. | VERBAL AND FACIAL EXPRESSION:<br>Intonation, rhythm, excitement<br>Adds interest to the story<br>Comments: | 1 | 2 | 3 | 4 |
| 9. | QUESTIONS AND CONCLUSION:<br>Open-ended thought questions<br>Thought-provoking conclusion<br>Comments: | 1 | 2 | 3 | 4 |

TOTAL SCORE: ______________________

**UNIT:** Decisions That Affect Children **LESSON:** Setting the Stage for Learning--Creativity
**TIME:** 4-5 days

## COMPETENCIES:

1. List types of activities and learning that promote imagination and/or creativity. (Options 2, 4, and 5)
2. Identify factors that foster creativity. (Options 3 and 6)

**OVERVIEW/SUMMARY:** Young children are full of creativity. It is important to foster creativity and not inhibit their imaginations.

## MOTIVATOR:

UNFINISHED PICTURES: Have students use their creativity to complete the pictures on the worksheet "UNFINISHED PICTURES." Display the pictures for the class to see. Explain that we all use creativity in different ways. It is a highly individualized ability that can be developed and strengthened.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Read the book, And to Think That I Saw it on Mulberry Street by Dr. Suess. Discuss it with the class and have them complete the creative activity. Another excellent book is It Looked Like Spilt Milk.

OPTION 2--Competency 1
FOSTERING CREATIVITY: Teacher presentation and class activity.

OPTION 3--Competency 2
CREATIVE PLAY: In rotating small groups, have the students participate in creative activities (finger painting, play dough, art supplies, sandbox, dress-ups, etc.).
Discuss:
How do these activities allow for creativity?
How did you feel at the completion of your projects?
What other activities can you think of that might foster creativity?

OPTION 4--Competency 1
DRAMATIC PLAY BOX: Have students compile their own dramatic play box for preschool-age children (copy of "Dramatic Play Box Project" for each student).

OPTION 5--Competency 1
CHILDRENS' GAMES: Have students create their own children's games that are developmentally appropriate for preschool-age children. Excellent resources that contain children's games are "The Mailbox" (magazine), "1-2-3 Games" (book), and various extension publications (copy of "Game Project" for each student).

OPTION 6--Competency 2
PURPOSE OF GAMES: Divide the class into small groups. The groups will rotate to play a variety of children's games. Let them play the games the students created in Option #5 or let them play games you have selected. Allow students to play the game for 10 minutes. Before they rotate to the next game, have the students write a paragraph about the game they have just finished playing and what a preschooler could learn from it.

## RESOURCES:

Excellent magazines to order for your classroom:

"The Mailbox"
1607 Battleground Avenue
P.O. Box 9753
Greensboro, NC 27499-0123

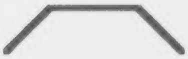
"Pre-K Today"
Scholastic Inc.
P.O. Box 54813
Boulder, CO 80323-4813

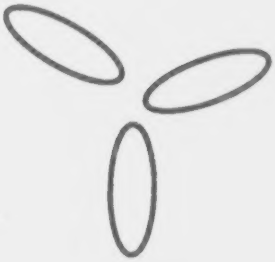
"Early Childhood Today"
Scholastic Inc.
PO Box 54813
Boulder, CO 80323-4813

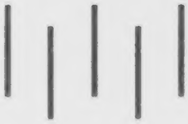
Name ______________________________ Class __________________

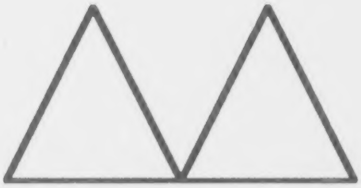
## UNFINISHED PICTURES

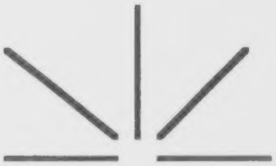
These five drawings are not complete. What do you imagine they will be when they are completed? Complete the drawings and be prepared to share them with the class.











Name ______________________________ Class ________________

# CREATIVITY

Read the book "And to Think That I Saw it on Mulberry Street" by Dr. Seuss. Discuss the following questions with the class:

1. Have you ever imagined something that seemed so real that you almost believed it was true?
2. What imaginary creature might you meet on your street?
3. What would it look like?
4. What would you name it?
5. What would it do?

ACTIVITY:

1. Draw a picture of your imaginary creature.
2. Sit back to back with a partner, not allowing him/her to see your drawing.
3. Describe your creature to your partner and have your partner draw the creature as she/he imagines it from your description.
4. Reverse roles and draw your partner's imaginary creature.
5. Compare pictures to see how they are alike and how they are different.
6. Is there something else you could have said or explained better to your partner to allow him/her to see the creation as you do?

# FOSTERING CREATIVITY

GUESS WHO??
At age 3, he took an avid interest in music and was already able to detect a note that was slightly off pitch. At age 5, he wrote short piano pieces, and at age 7, he wrote his first sonatas. At age 8, he wrote his first symphony. Who was he?
(WOLFGANG AMADEUS MOZART)

As a baby, she entertained her family by dancing to any music she heard. At age 6, she collected a group of babies in the neighborhood and taught them to wave their arms as if in a school of dance. Pretending to be 16 when she was only 10, she organized and led dance classes in the homes of wealthy Californians. Who was she? (ISADORA DUNCAN--THE ORIGINATOR OF MODERN DANCE)

Not all children will grow up to be Mozart, Duncan, Shakespeare, or Einstein. Creativity is not completely understood. However, there are some steps a parent might take to strengthen and help develop a child's creativity.

1. Relax the controls. Children need some freedom to develop creativity. Constant adult supervision and control do not allow the child to use spontaneity and self-confidence. These allow the creative spirit to develop.
2. Inspire perseverance. Children need to learn how to see a product through to completion. By encouraging perseverance, children learn to try new approaches to achieve their desired results. Albert Einstein claimed that he actually had no specific talent, that is was just his "obsession and dogged endurance" that helped him arrive at his world-changing ideas.
3. Tolerate differences. Creative children will most likely not fall into social norms. They will want to know the basis for rules, why and how things work, and if there is a different way to do things. Highly creative children are often viewed as unconventional because of their atypical methods of thinking. Do not insist that children fit the mold of others.
4. Be the child's advocate. Because these creative children do not fit the mold and think atypically, they may not always be viewed positively by teachers and peers. Help the child to deal with negative opinions of others through positive self-esteem and personal satisfaction in their creative work.
5. Provide a creative environment. Provide a stimulating environment with lots of tools for creative work. Let the children experience and view other people's creative work and allow them the opportunity for their own creative skills and abilities to develop.

Divide the class into small groups. Give each group an ordinary item (brick, scissors, hammer, etc.) and allow them to list as many uses as possible for that item. Instruct them to think beyond the ordinary and be creative. Have each group share their ideas with the class.

Name ______________________ Class ______________

## DRAMATIC PLAY BOX

A dramatic play box is a compilation of items that are related to a specific theme. These items are best if they are real or replicas of real objects of clothing that children can play with and/or dress up in. Preschoolers love to dress up and love to pretend. Having a dramatic play box will add to their imaginative and dramatic play time.

You will compile your own dramatic play box using any dramatic play theme you desire: Health Occupations, Construction Workers, Ice Cream Parlor, Firemen, Post Office, Police Officers, Teachers, Air Travel, Sea Travel, etc. Use as many real items as possible. Consider the following questions when determining what items to include:

1. Is the item clean and is it safe for children?
2. Is there variety in the items?
3. Is the item durable?
4. Is the item appropriate for a child?
5. Is the item appropriate for dramatic play?

Place all your items in a large box. On the outside of the box clearly print your name, class hour, and the theme of your box. Include this paper inside the box. Please grade yourself before turning the box in to the teacher.

DUE DATE: ______________________

## DRAMATIC PLAY BOX GRADE SHEET

| | STUDENT'S GRADE | TEACHER'S GRADE |
|---|---|---|
| 1. Clean and safe items (10 points) | _____ | _____ |
| 2. Variety of items (10 points) | _____ | _____ |
| 3. Durable items (10 points) | _____ | _____ |
| 4. Appropriate for children (10 points) | _____ | _____ |
| 5. Creativity and effort (10 points) | _____ | _____ |

HELPFUL HINT: Use the resources in the community to help you gather items. This project does not need to be expensive. If you explain to people that the items will be used to educate children, most agencies will donate items to you.

Name ______________________________ Class ________________

## CHILDREN'S GAMES

Create a game that will encourage the development of preschoolers. Make the game developmentally appropriate as well as safe. Use the outline below to write about your game. If you create a game that has objects, a board, and/or pieces with it, they need to be durable. Your name and class hour should be clearly seen on all parts. Complete the following outline explaining your game:

NAME OF THE GAME:

NUMBER OF PLAYERS:

SUPPLIES/MATERIALS NEEDED:

SKILLS USED:

DETAILED PROCEDURE OF GAME:

DATE DUE: ______________________________________

## GAME GRADE SHEET

| | STUDENT'S GRADE | TEACHER'S GRADE |
|---|---|---|
| 1. Developmentally appropriate (10 points) | _____ | _____ |
| 2. Clear, detailed procedure (20 points) | _____ | _____ |
| 3. Safety (10 points) | _____ | _____ |
| 4. Creative/Interesting/Fun (10 points) | _____ | _____ |
| TOTAL (50 points) | _____ | _____ |

**UNIT:** Decisions That Affect Children

**LESSON:** Setting the Stage for Learning--Media Influence

**TIME:** 1 day

## COMPETENCIES:

1. Discuss the impact of television, videos, and video games. (Options 2, 3, 4, and 5)
2. Identify ways media can be used as a positive medium. (Option 6)

**OVERVIEW/SUMMARY:** The impact of television, videos, and video games is profound in American homes today. No one is untouched by this powerful force.

## MOTIVATOR:

Make a list of popular movies or television shows. As each show is named, have the students respond with the first idea that comes to their mind. Are the comments positive, negative, humorous, dangerous, etc.? Why do they enjoy these shows? What do they learn from these shows?

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOKS: When the TV Broke, by Harriet Ziefert, Illustrated by Mavis Smith, ISBN 0-14-050984-4 Berenstain Bears--Too Much TV, 0-394-86570-7, The Wretched Stone.

OPTION 2--Competency 1
READING: Read and respond to the articles by Dr. Victor B. Cline. These could then be discussed or debated as a class. "How to Make Your Child a Winner," pages 216-225, and "Warning: TV Sex & Violence May Be Hazardous To Your Child's Health" (included in this lesson plan).

OPTION 3--Competency 1
MEDIA IN THE HOME: Assign students to observe and interview a child and his/her parents concerning television, videos, and video games. TEACHER NOTE: You may wish to divide the class into thirds and assign each group a different form of media to investigate. Have students complete the activity sheet, then discuss the findings as a class.

OPTION 4--Competency 1
TELEVISION COMPARISON: Record a cartoon and a five-minute segment of "Sesame Street." Have the students watch the cartoon first. They should mark on their paper every time they see or hear something violent (whether it is funny or not). They should also mark their paper when they see or hear something positive. Then repeat the activity watching the "Sesame Street" segment. Compare the two programs. Which was more positive? Which show is better for young children to watch? Discuss the pros and cons of television viewing with the class.

OPTION 5--Competency 1
DEBATE: A few days prior to this lesson, assign each class member to find and read an article that deals with the effects of media on children. They should bring their article and a summary of it to class on the day of the debate. Divide the class in half. One half will be in favor of free media usage by young children (this includes videos, video games, magazines, books, television, movies, music, etc.). The other half will be in favor of limited usage with strict rules. The groups may work together to prepare their ideas but will make individual presentations during the debate. After preparation has been completed, call one student from each side of the class to debate this issue for 30 seconds. Let each class member participate. Summarize the issues discussed during the debate. (Another twist would be to let students present their personal view point, then tally the scores to see the feelings of the class.)

OPTION 6--Competency 2
THE BOSS OF MEDIA: Students should work in groups of 5-6 students. They should make a list of rules they would expect their children to follow if they were the parents (be sure to include videos, video games, magazines, books, television, movies, music, etc.). Share the rules with the class and make one master list. You may wish to have the students discuss this list with their parents.

# WARNING: TV SEX AND VIOLENCE MAY BE HAZARDOUS TO YOUR CHILD'S HEALTH

Victor B. Cline

President John F. Kennedy once said, "We have the power to make this the best generation in the history of mankind, or the last." Others have noted that our civilization is just one generation or 25 years away from savagery. And whether this occurs or not depends on how we socialize our children and the general quality of our family life.

At the present time this doesn't look too promising. We are currently witnessing a virtual explosion of interpersonal violence in our society. The U.S. is now the most violent of all the major advanced literate nations in the world today. Our rate of homicide is four times greater than that of Scotland or Australia and ten times greater than the Scandinavian countries. There are more murders on the island of Manhattan per year than in the entire United Kingdom.

If we search for the causes of violence in our society, we know that any single act has multiple determinants, and most studies suggest that these determinants are usually found in the family experience and environment as well as peer culture of the perpetrator.

One hypothesis which keeps re-emerging focuses on the nature of our television programming (including movies and videos).

If one analyzes the content of TV in England we find their rate of televised violence has been only 1/2 that of ours. The Scandinavian countries have a much lower rate even than that. Thus one of the major social-cultural differences between the U.S. with its high rate of homicides and violence and those other countries with low violence rates is the sheer amount of violence screened on public television. Television is probably the second most powerful socializing agent in our society exceeded only by the family. And where the family is immobilized, dysfunctional, in the process of breaking up (which over half do in the U.S.) TV may be the most potent force as a teacher of values and educator of mayhem.

Psychologist researchers representing the American Psychological Association gave testimony on this issue to members of the U.S. Congress several months ago. One of them, Dr. Leonard Eron, did a meta-analysis of 200 studies on TV violence and found that aggressive behavior of all kinds, including criminal violence, is highly related to TV-violence exposure. He and his associate found that TV and film violence can affect youngsters of all ages, of both genders, at all socioeconomic levels and all levels of intelligence. They also found that the younger children are, the more susceptible they are to "being taught to behave more violently by films and television." In addition, the team found that aggressive habits learned in early childhood "are very persistent and resistant to change."

Dr. Eron stated, "Children who were not predisposed toward aggression but watched many hours of violent television grew up to be more violent than those with aggressive tendencies who didn't watch a lot of TV." All of this suggests that TV is a school for violence. It also desensitizes the child viewer so that conscience is diminished and compassion for the victim erased.

In the last 40 years there have been many thousands of studies on this subject (including my own at the University of Utah demonstrating the desensitization of children to televised violence). The overwhelming majority of these repetitiously and monotonously keep leading to the same conclusion: a diet of TV/film/video violence is especially toxic to child audiences.

The evidence keeps piling up year after year. These evidences and research are extremely varied: field studies, tightly controlled laboratory studies, clinical case history data, longitudinal research spanning several generations, etc. And while critics (mostly researchers and others doing work for the TV industry) may carp about the short-comings of a particular study of two there is no way they can refute the general thrust and outcome of overall findings in the long term.

One critic is Michael Moriarty, an actor who plays an assistant D.A. on TV's "Law and Order," who has denounced Attorney Gereal Janet Reno's taking the TV industry to task for its excessive depiction and exploitation of violence. He claims that the TV industry is being condemned without benefit of trial. "It's the politics of fear. And to claim that passing legislation to reduce the amount of this violence is for the sake of the children suggests that we can't protect our own kids, that we're unfit parents. That's an outrage to me."

The truth is--in all of this--that TV has been on trial for about 30 years. The evidence was in long ago. National commission after national commission has repeatedly cOme to the same verdict. Children are hurt by watching certain kinds of TV. But nothing happens. Nothing changes. And in the meantime Rome is burning.

It's interesting to note that some tobacco institute scientists are still denying absolute cause-effect proof of harm from smoking cigarettes despite thousands of deaths yearly suggesting the contrary and hundreds of studies linking smoking behavior to a long list of pathologies.

One of the few studies that gave the TV industry an apparent "clean bill of health" was funded by NBC and conducted by Dr. Milavsky. He and his colleagues studied 7- to 12-year-old boys plus teen-age males over a period of years to see if TV violence viewing caused any negative effects. Out of hundreds of variables studied they found only a few showing significant negative effects.

They dismissed these as being of no importance concluding they must have been due to chance. However, when their data was re-analyzed by Dr. Thomas Cook, an expert in evaluation research, he came to an opposite conclusion. He found that there indeed was significant evidence showing cumulative negative effects from TV violence viewing. So it turned out that even with one of the most important and extensive studies funded by the TV industry—when carefully analyzed and evaluated—he reached the same conclusions as most of the other research.

Long time psychologist researcher in this area, Dr. Daniel Linz, a professor at UC Santa Barbara, states, "The consensus among social scientists is that very definitely there's a causal connection between exposure to violence in the media and violent behavior." When Syracuse University researcher George Constock reviewed the 190 most important studies in the area of TV violence effects, he found "a very solid relationship between viewing antisocial portrayals or violent episodes and behaving antisocially. It hold up regardless of sex."

In 1985, the American Psychological Association (representing most psychologists in America) reaffirmed their conclusion: "Television violence has a causal effect on aggressive behavior for children and adolescents." In 1982, the National Institute of Mental Health "Report on Television and Behavior" summarized the findings of 2500 studies and concluded that there is overwhelming scientific evidence that a "causal relationship exists between viewing televised violence and later aggressive behavior." This merely again endorsed and reiterated the conclusions of the earlier "President's Commission on the Causes and Prevention of Violence" (1969) and the "Surgeon General's Report on Media Violence" (1972).

One of the most significant of the effects studies was conducted by Doctors Leonard Eron and Rowell Huesmann who followed 8-year-olds for 22 years and found that extensive watching of violent TV programs at age eight was a good predictor of criminal behavior at age 30--regardless of socioeconomic status, IQ, age, or gender. All children can be harmed. In follow up research on fifth grade children in the U.S., Finland, Poland, Australia, and Israel they found the same linkage between violence viewing and being more violent-aggressive in real life.

Another way to look at it, fairly, is to say that the data now available on the cause-effect link between violent TV watching and violent behavior is so strong and has been verified and replicated so many times that parents should take active measures to protect their children. This might consist of using lock boxes on home TV sets to better monitor and set limits on what their children look at on TV/films/video. Say "No" to their seeing certain programs. Take the TV out of the children's bedrooms. Eliminate cable TV (other than basic). Buy a device that will black out certain channels. Set a maximum limit of 60 minutes daily viewing time. This is what some parents have done. And you would do this because you are concerned about their mental and physical health as well as personal safety.

In my profession as a clinical psychologist I have the opportunity of interviewing large numbers of troubled children and their concerned parents. What I too often find is that in the one-parent home or where both parents work long hours they often simply do not have the time nor energy to sufficiently monitor what their children look at on TV or even the kind of videos they are renting. In fact TV and videos are often used as cheap baby sitters. And many exhausted stressed-out parents have little inclination to get into a hassle with their children--especially teen agers--about what is appropriate or not appropriate for them to look at (especially if its at someone else's house). So in too many homes "no one is minding the store."

We have a new generation of latchkey children who spend many hours at home or in someone else's home with no adults present. In that vacuum I find many children becoming "addicted" (getting a high, a buzz, or kicks) from watching people and objects being blown away, tortured, and slaughtered. Often this in an attempt to fill the void or numb the pain of deficient relationships with caring nurturing parent figures who are missing during most of their waking hours.

While the reader of this article may be a responsible parent who establishes boundaries and limits on their child's viewing behavior or habits--another parent down the street may be quite indifferent about the issue. And your child, totally innocent, could be maimed or injured or worse by their teenager and still wind up, indirectly, a victim or casualty of TV violence. So just turning the set off to certain kinds of programs in your home doesn't entirely protect your family from harm.

The television industry has a major responsibility not to pollute the air waves. Even though they are well aware of what the research says, they are dismally failing to exercise restraint. The same applies to the sale of some of the super violent interactive video games. Many of these allow the child to repeatedly rehearse committing acts of extreme violence.

It is indeed ironic that there are many in our society who go to extreme lengths to protect the spotted owl in remote forests. But are indifferent or little interested in protecting the minds and physical safety of our own children--who some, maybe naively, would regard as our most important national resource.

Some time ago I received a letter from a teenage girl. She wrote: "Dear Dr. Cline: Today my mother and I were listening to a recording of a talk you gave (at a local university) concerning television violence. Almost a month ago my little 10-year-old brother was playing around in his bedroom. His room is in the basement and it was not finished off as far as the ceiling and walls are concerned. He was playing around and hung himself. My 12-year-old brother and a friend found him. My little brother had no reason to kill himself. He could not even comprehend death. We searched our minds for reasons why Jimmy would be playing around with hanging himself. Then my father remembered Jimmy had told him of a TV show on Nightmare Theater where a man had hung himself, cut the rope, and walked off without a mark. We believe that Jimmy was trying this. He has wrapped a belt around his neck through the buckle and then tied it to a pipe. He was standing on some old junk furniture and fell off.

Everything was there, the same as on the TV show--only Jimmy didn't make it. It was fast and quick for Jimmy and he was a good boy. We're sure he's in the right place now, but it still doesn't change the fact that if it hadn't been put into his mind, he wouldn't have done it. I thank you for your talk. It brought a comfort to my mom--for she is still taking it hard, for she didn't know if it was purposeful or an accident. Your talk has helped her to know why Jimmy would do it. Sincerely-----.

Children are great imitators. And when we allow them to, in fact, be exposed to explicit detailed depictions of violent behavior they are attending a school for violence. This increases the chances that when they are frustrated or angry or even curious in the future that they might just try out some of the anti-social acts they have been tutored in.

In saying all of this I don't mean to suggest that we don't want our children to defend themselves if aggressed against. But in most cases there are peaceful solutions to problems. And children can be taught to negotiate, reason fairly, and even retreat when necessary rather than engage in behaviors that might escalate a conflict to where serious injuries or even death could occur.

With regards to depictions of sexuality in current TV, videos, and movies there would appear to be a major erosion of values and standards. Some might view this with approval but others would have cause for concern as they see the escalating teen pregnancy rates, problems with AIDS and other diseases transmitted primarily by promiscuous life styles.

In research published by Joyce Sprafkin and Theresa Silverman analyzing prime time television it was found that sex outside of marriage was shown in a ratio of 7:1 compared to intercourse within marriage. I found the same result in research I conducted several years ago doing content analysis of every movie being shown in the Salt Lake Valley. The strong implication was that the only sex worthwhile was with someone else's wife or that was in some way illicit or illegal or with someone under-age.

Since the content of most cable TV special channels are recent vintage unedited movies and these are the same films available at the corner video stores available without restriction to children of any age, we should examine what our children are looking at. There are large numbers of slasher films, porno-violence movies, endless rapes, and many other films presenting promiscuity in an attractive or humorous light.

Frederick Wertham, a New York psychiatrist specializing in treating disturbed children, once said, "Whatever you put into a child's mind you get back 10 years later--with interest." However, in my experience, you usually don't have to wait 10 years. Sometimes the payoff may be the next day or week. I have seem many children--even college students--have nightmares for weeks following exposure to a particularly offensive movie.

If we look into the future I see little hope that the TV industry will be more responsible in their programming. It certainly hasn't happened in the past despite all the knowledge that modern behavioral science has provided. What this means is that the buck will stop the laps of concerned parents. They will have to say "no" even to their teenagers. If they don't, they could reap a grim harvest later. And this doesn't mean we turn off all adventure films, detective who-done-its, or the like. But there are some films/shows/videos which are toxic and unhealthy. So we discriminate wisely and without guilt. We choose to protect ourselves and children from harm.

Name ______________________________ Class ________________

# MEDIA IN THE HOME

## PARENT INTERVIEW:

1. How many hours (weekly) does your child spend with the media (video, TV, or video games)?
2. What are your family rules concerning the use of the media?
3. Do you personally feel that violence seen on TV, videos, or video games desensitizes children to violence in real life?
4. Why or why not?
5. Do you feel that the media teach your children the values that you want them to have?
6. Do you supervise your child's use of the media? If so, how?

## CHILD INTERVIEW:

1. How many hours (weekly) do you spend with the media (video, TV, or video games)?
2. What are the rules at your home concerning use of the media?
3. Do you feel like you are personally affected by violence viewed in the media?
4. Do you feel that the media teach you to do good things or bad things? How?
5. Do your parents always know what you are watching?
6. How would you feel if your parents took the media away from you?
7. What is your favorite game or movie or TV show?
8. What do you remember from that game, video, or TV show?

## OBSERVATION:

Observe the child interacting with the media for one hour. Count the number of violent and sexual acts viewed.

1. Number of violent acts:
2. Number of sexual acts:
3. Observe the child's reaction to the media:
   a. Is he/she engrossed in video or still aware of his/her surroundings?
   b. How does he/she react to the acts of violence?
   c. How does he/she react to sexual scenes?
   d. Is the child easily interrupted?
   e. How many commercials were viewed?
   f. What products were advertised?
   g. How did the child respond to the advertisements?
   h. What values were portrayed in this video, game, or television show?
   i. How do you feel the child has been effected by the media?
4. Summarize your feelings concerning children and media.

**UNIT:** Decisions That Affect Children **LESSON:** Health--Childhood Diseases
**TIME:** 4-5 days

**COMPETENCIES:**
List types, symptoms, possible effects, and immunizations related to common childhood diseases. (Options 2, 3, and 4)

**OVERVIEW/SUMMARY:**
The health, safety, and well-being of children is important. Children who are in good health are able to develop properly intellectually, socially, and emotionally.

**MOTIVATOR:**
Read the following scenarios and ask the class how they would diagnose the child.

JAMES: James just turned one year old. He has a fever, cries constantly, and keeps pulling at his mouth and ear. (Possible problems: earache, cutting teeth, flu.)

POLLY: You just came home and found your little sister Polly in her bedroom coughing, sneezing, and wheezing. (Possible problems: she is allergic to something, she has stuck something up her nose and cannot breathe, she has a bad cold.)

There are many ways to diagnose a child's illnesses. Many times an illness can be deceptive, and an untrained eye cannot correctly identify the problem.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: Doctor DeSoto, ISBN #0-590-41462-3, Itchy, Itchy Chicken Pox

OPTION 2--Competency 1
BRAINSTORM: An illness in a young child can escalate from mild to severe in just a few hours. When in doubt, take the child to the doctor. Brainstorm with the class some symptoms of illnesses that are common in children. Some ideas for the teacher include:

- loss of appetite
- convulsions
- swelling
- dizziness
- unconscious
- difficulty in breathing
- flushed or pale skin
- unusual stools
- fever
- ear rubbing
- change in urine
- bleeding that cannot be stopped
- stiffness of body
- pain
- strange behavior
- hoarse voice
- coughing, sneezing, wheezing
- vomiting
- red eyes
- thick nasal discharge
- rash/rash
- sore or red throat

OPTION 3--Competency 1
CHILDHOOD ILLNESSES: Present information "CHILDHOOD ILLNESSES" and have the students complete the worksheet "Let's Play Doctor."

OPTION 4--Competency 1
IMMUNIZATIONS: Review the transparency "IMMUNIZATIONS" with the class.

# CHILDHOOD ILLNESSES

DIRECTIONS: You will need to read the following information to help you complete the worksheet "INFANT'S HEALTH AND WELLNESS STUDY GUIDE."

## ALLERGIES

An allergy is the body's reaction to a foreign substance, such as a food or medicine, an inhaled particle like pollen or dust, or skin contact with a substance like soap or wool. Symptoms of allergies vary and include any of the following:

- Wheezing
- Runny nose
- Watery, itchy eyes
- Skin irritations
- Hives
- Itchy welts
- Congestion
- Diarrhea
- Vomiting

## ASTHMA

Asthma is a respiratory condition in which the airway to the lungs become temporarily narrowed due to contractions of the muscle around the respiratory passages. The narrowing causes respiratory distress and difficulty in breathing out or exhaling. The classic symptom is a whistling noise, known as wheezing, made during breathing out or exhaling. The medications available for relief contain the common ingredient theophylline. This drug relaxes the muscles in the bronchial tubes and relieves the narrowing. Children with sever asthma may need to take medication every day between attacks. Asthma can be prevented by avoiding contact with known triggers or causes.

## COLDS

Colds are caused by thousands of different viruses. Because of this, it is impossible to create a vaccine for colds. Colds can be transmitted by handling an infected object. Most infants who catch several colds have symptoms of a runny nose, sneezing, and coughing. For treatment, the infant's doctor should be consulted. Acetaminophen can be used to reduce the fever.

## COLIC

Colic is a regular "fussy period." It usually occurs in the evenings and lasts several hours. The infant usually screams as if in pain, often pulling up his/her legs. Colic is a fairly vague and undefined condition that refers to unexplained excessive crying in an otherwise healthy infant. Colic usually begins during the second or third week of life and disappears by the third month. Although the cause of colic has not been proven, some of the following have been considered responsible:

- A very sensitive nervous system
- Reaction to the day's stimulation
- A sensitive digestive system
- Trapped gas
- Sensitivity to certain foods in the breastfeeding mother's diet

Some remedies are to:

- Swaddle the infant
- Hold and rock the infant
- Hold the baby in the football hold
- Place a hot water bottle on the infant's stomach
- Provide the infant with a relaxed and calm environment
- Burp the infant often while he/she is eating

## CHICKEN POX

Chicken pox is a common childhood disease that lasts about a week. An itchy rash and fever are classic symptoms. It is caused by a virus that is related to the herpes virus. To treat chicken pox you can give acetaminophen to the child to reduce the fever and make the child feel more comfortable. DO NOT GIVE A CHILD WITH THE CHICKEN POX ASPIRIN because Rye's syndrome may result. The chicken pox are highly contagious and after exposure to someone who has chickenpox, there is an 85 percent chance that the child will get it. The incubation period is from 11-21 days; however, most children come down with chicken pox 14 to 15 days after exposure.

## CONSTIPATION

Constipation is a change in the regular pattern of bowel movements toward infrequent stools of firmer consistency and passed with difficulty. It is caused by a change in diet, too little water intake, a change in activity level, or intestinal problems. Treatment includes dietary changes, the use of oral agents that act in the intestine to relieve constipation, or the use of an infant glycerin suppository or an enema to produce a stool. In breastfed infants, constipation is rare. Specific treatment for bottlefed infants is the addition of 1 tablespoon of Karo syrup to each bottle. Karo acts in the gut to draw water into the bowel and keep stools lose.

## CRADLE CAP

Dirty-appearing, crusty, or oily patches on the scalp are known as cradle cap. Washing the scalp daily with soap and water will clear up most cases. Applying oil to the scalp will clog the pores and make the condition worsen. Applying oil before shampooing will loosen the patches and help the condition. Cradle cap seldom lasts beyond the first few months.

## CROUP

A viral infection of the upper airway that causes inflammation in the area around and below the vocal cores is know as croup. This inflammation causes difficulty inhaling air into the lungs. Croup causes a child to have a hoarse or barky cough, often called a "croupy cough." It can even sound like a seal bark. Croup can be treated by a cool-mist vaporizer and drinking a lot of clear fluids.

## DIARRHEA

Diarrhea is an increase in the number of bowel movements that are looser than usual and may contain large amounts of water. It is one of the most common illnesses during infancy. Diarrhea is usually caused by an infection, and viruses cause a large portion of diarrhea. Diarrhea is a serious condition for infants because dehydration can occur. Diarrhea should be treated by feeding the infant generous amounts of clear liquids, such as a solution of sugar, and electrolytes, such as the name brands Pedialyte or Lytren. A doctor should also be consulted.

## DIPHTHERIA

Diphtheria develops in the throat. Early symptoms include sore throat, a slight fever, and chills. If left untreated, the disease can interfere with the passage of air, causing suffocation. The bacteria may produce a poison that results in pneumonia and heart failure.

## FLU

Influenza, more commonly known as "the flu," is caused by a specific group of viruses. The illness comes on suddenly, accompanied by fever, chills, muscle aches, fatigue, and weakness. In contrast to the common cold, there is a dry nose, dry cough, and red eyes. Influenza vaccines have been developed for persons at high risk such as pregnant women, infants, and the elderly. Influenza is spread by infectious virus particles that have been coughed or sneezed into the air. Once the out-break has begun, children should avoid crowded places. Rest, fluids, and doses of acetaminophen are part of typical treatment for the flu. If the child has a persistent fever or worsening of symptoms, a doctor should be consulted because the onset of pneumonia may occur.

HEPATITIS B
Hepatitis B is an infection of the liver caused by a virus called HBV (Hepatitis B Virus). This viral infection may occur in two phases. The first phase is the acute phase. The acute phase may cause mild flu-like symptoms, diminished appetite, fatigue, abdominal pain, an enlarged liver, jaundice, dark-colored urine, light-colored bowel movements, mild fever, or diarrhea. It may take 28-160 days after exposure for these symptoms to become apparent. Over half of the people who become infected with HBV never become sick but may later have long-term liver disease from the infection. Some people will recover from the acute phase; others will go into the chronic phase and remain infected for the rest of their lives. They will become "chronic carriers." The virus remains in their liver and blood, and they can spread the infection to others throughout their lifetime. They can develop long-term liver disease such as cirrhosis or liver cancer. Hepatitis B is spread through blood, semen, and vaginal fluids. High-risk activities include having sex, sharing needles, and sharing personal care items (razors, toothbrushes, nail clippers) with an infected person. It can also be spread from an infected mother to her unborn baby. It is important to note that the virus can remain alive even in dried blood for up to 30 days.

HIB
HIB disease is caused by bacteria called Haemophilus influenza type b, or HIB. It attacks one out of every 200 children in the United States before the age of five. HIB causes over half of all cases of meningitis in children (a disease that attacks the area around the brain and spinal cord). About 5 percent of children who develop HIB meningitis may die, regardless of the treatment they receive. For those who survive, many have permanent damage that can include physical disabilities, mental retardation, and hearing loss. There is another life-threatening disease often caused by HIB. It is "epiglottitis," an infection that causes swelling of the epiglottis (a small flap at the back of the throat that prevents food from going down the windpipe). If not treated immediately, this swelling could block the windpipe and cause death. HIB infection can also cause other serious medical problems such as infections of the joints, bones, lungs, and the skin tissue.

IMPETIGO
This usually starts as a small red pimple that develops a watery head and quickly ruptures to leave a weepy raw area that spreads. A scab soon forms, giving the sore a "honey-crusted" appearance. It is commonly found near the corner of the mouth or nostril but can be found anywhere on the body. It is also frequently found in the diaper area. It should be treated with a local washing and the application of an antibiotic ointment such as Spectrocin, Bacitracin, or Polysporin.

INFECTION
An invasion of microorganisms in the body that causes disease is called an infection. Examples are upper respiratory infections (colds) and ear infections.

MEASLES
Measles is the most serious of the common childhood illnesses. It is caused by a virus and begins with several days of unexplained high fever before the onset of the typical rash. The child is likely to have a cough, runny nose, and watery eyes. The illness lasts one to two weeks. About one out of every 1,000 children who gets measles will develop encephalitis, an inflammation of the brain. This can lead to convulsions, permanent deafness, and mental retardation. Routine immunization has nearly eliminated measles in the United States. A primary dosage is given at 15 months of age.

MUMPS
Mumps virus is spread by person-to-person contact and may result in fever, headache, earaches, and painfully swollen glands on the face and neck. The disease can cause deafness, diabetes, and brain damage, but disabling complication are rare. The testicles and ovaries, pancreas, and breasts are glands that also can become inflamed during the illness. Mumps encephalitis and meningitis can also occur, and permanent deafness is a recognized complication. In teenage and adult males, mumps can cause sterility. A primary dosage is given at 15 months of age.

## PERTUSSIS

Pertussis or whooping cough is caused by bacteria found in the mouth, nose, and throat of an infected person. At first, the disease resembles a common cold, accompanied by an irritating cough. The cough increases in intensity and occurs in violent and prolonged spasms with high-pitched sounds between spasms. Severe cases result in convulsions, collapse of the lungs, pneumonia, and brain damage.

## POLIO

Poliomyelitis (infantile paralysis) is a viral disease that often cripples and sometimes kills. When symptoms are present, they include fever, sore throat, nausea, headache, stomach ache, and pain and stiffness in the neck, back, and legs. There is no specific treatment for polio, and the degree of recovery varies from patient to patient.

## ROSEOLA

Roseola is a common childhood illness with a fever, followed by a rash, occurring most often between six months to three years of age. The symptoms are the onset of a high fever, sometimes as high as 104° F. The fever lasts about three days. After the three days, there is a sudden drop in the fever to normal or below normal, and a faint ink pinpoint rash will appear. The rash is mainly on the torso and is usually gone within 24 hours. No specific treatment is needed because by the time the rash appears, the child is essentially well. As always, the fever should be treated by drinking large quantities of clear fluids and taking acetaminophen.

## RUBELLA

Rubella is also called German measles. Rubella symptoms include a slight fever and perhaps a rash. Recovery is almost always speedy and complete. However, rubella can have serious effects on a pregnant woman who may catch the disease from a child. Rubella can cause a miscarriage or lead to birth defects in the baby.

## SCABIES

Scabies is an itchy skin infection caused by an insect mite that burrows into the skin and lays her eggs. Scabies classically causes little bumps with raised lines where the mites burrow in. The sores are found mostly on the wrists, ankles, between the fingers, in the armpits, behind the knees, in the crease on the elbow, and in the groin area. They are very itchy, especially at night and when it is warm. The sores and surrounding areas may be scabbed over due to scratching. In infants, scabies may look different. Burrows may be absent, and the itchy bumps may be present on the face, scalp, palms, and soles of the feet. These sites are uncommon in older children. A physician should diagnose scabies, and he/she will usually prescribe Kwell cream or lotion for treatment.

## SORE THROATS

Sore throats are the most common infection in childhood. Infections of bacteria or viruses cause sore throats. Bacterial sore throats are identified as "Strep" throat infections and should be treated with antibiotics to prevent spreading and complications, which include rheumatic fever. Viral sore throats usually are cured in a few days without any treatment. Ninety percent of sore throats that children get are upper-respiratory viral infections.

## STREP THROAT

Strep throat is a bacterial virus that must be treated with an antibiotic. A throat culture must be taken to diagnose strep throat. Symptoms include a mild to severe sore throat, with white patches on the tonsils, tiny red dots at the back of the roof of the mouth, foul breath, enlarged and tender lymph nodes in the neck, a fever and headache, a stomach ache, vomiting, and a runny nose. A child should receive an antibiotic such as penicillin.

TETANUS
Tetanus, commonly called lockjaw, occurs in children and adults with about the same frequency. The bacteria, most commonly found in the soil, generally enters the body through deep puncture wounds and lacerations. Disease symptoms include headache, irritability, and muscular stiffness. The jaw, neck, and limbs become locked in spasm. Convulsions may cause heart failure or suffocation.

THRUSH/MONILIA
Yeast are germs that live naturally in the mouth, gastrointestinal tract, and vagina in balance with other organisms. When the growth of yeast gets out of balance with the other germs, a yeast infection occurs. Thrush and monilia are types of yeast infections. They are most likely to occur after the treatment of an antibiotic. Because yeast is so prevalent, nearly every infant develops a yeast infection either in the mouth or diaper area. Yeast grows best in a moist environment, making the mouth and diaper area and skin creases, such as the neck and armpit, extremely susceptible. Yeast in the mouth is known as thrush. It causes white patches on the inside of the cheeks and lips, the tongue, and the roof of the mouth. It is treated with a prescribed medication given by a dropper into the mouth. Yeast in the diaper area is known as monilia and it is very red with little bumps, especially at the edge of the rash. This type of yeast infection is treated with a prescribed cream applied to the infected area.

VIRUS
A virus is a microscopic germ that invades the tissues or cells of the body and grows and multiplies rapidly. A virus interferes with the normal functions of the cells and causes some cells in the body to be destroyed. For example, polio causes some cells in the body to be destroyed. Diphtheria or a cold releases poisons into the body. To help prevent an infant from catching a virus, keep him/her clean and away from other people who have a virus.

Name ______________________________ Hour __________

# LET'S PLAY DOCTOR

Using the student resource guide, "Childhood Illnesses," match the symptoms to the correct illness, disease, or health concern. You can use an answer more than once, and there may be some that are not used.

WORD LIST:

ASTHMA
HEPATITIS B
ALLERGIES
VIRUS
STREP THROAT
CRADLE CAP
DIARRHEA
ROSEOLA
COLIC
TETANUS
MEASLES
DIPHTHERIA
CROUP
THRUSH
IMPETIGO

______________ a. Mark is complaining that his throat hurts. When his mother shines a flashlight in his mouth, the light shows white patches and tiny red dots in his throat. The lymph nodes in his neck are tender, and he has a headache.

______________ b. Juan stepped on a nail outside of the garage at his home. It is essential that he receive an injection to prevent the bacteria from spreading throughout his body. The symptoms of this illness include headache, irritability, and muscular stiffness.

______________ c. Nicole has had some small red pimples that ruptured and left a weepy raw area. These pimples are located on her body underneath the diaper area.

______________ d. Ingra is a carrier of this virus although she has not been ill for several years. She is concerned about the effects this virus will have on her liver and whether or not she will pass it on to her future children.

______________ e. Tonya has difficulty breathing. When she is under great stress, one can hear her wheezing from a distance. Tonya always has medication with her to relax the muscles in her bronchial tubes and prevent them from narrowing.

______________ f. Shawn has been diagnosed with this disease because he was not checked when he had the early symptoms of a sore throat, fever, and chills. The bacteria in his body can now produce a poison that may result in pneumonia and heart failure.

______________ g. Samantha has a difficult time when she is in the mountains. Many plants cause her eyes to water. She also gets a runny nose, and her skin begins to itch.

______________ h. David is 10 months of age. He has had a high fever for the last three days. His fever dropped this morning, but now he has a rash on his torso.

______________ i. Megan sounds like a barking seal at "seal world." She has difficulty inhaling. Her mother is giving her lots of clear fluids to drink. She also has a cool-mist vaporizer running in her bedroom.

______________ j. The doctor was surprised when she checked Carlos. Carols' mother explained that he had a high fever and then a red rash. It has been over a week, and she is very concerned. The doctor explained that this is an illness that can develop into encephalitis, an inflammation of the brain. This disease is usually not seen in the United States because of the available immunizations.

______________ k. Jackie has a three-week-old baby. She called the nurse today and explained the symptoms. Her baby has begun crying every evening for 3-5 hours. As far as Jackie can tell, nothing seems to be seriously wrong with her baby. She has had two other children, and they never had this problem.

______________ l. The doctor explained to Sarah that her baby had a yeast infection. He showed Sarah the white patches inside of her baby's cheeks and lips. They were also on her tongue and the roof of the mouth. The doctor gave Sarah some medication and explained that yeast lives naturally in the mouth and grows well in a moist environment.

______________ m. Jack does not seem to be sick, but when you change his diapers, you notice that the bowel movements are loose. They are a greenish color, and the odor is different. He is playful and active but does not want to eat.

______________ n. You are taking care of your infant niece. The baby's head is covered with light patches that look dirty. You ask your sister what is wrong. She tell you that she has been putting lots of oil on the baby's head, but the patches just keep getting worse.

## LET'S PLAY DOCTOR--KEY

Using the student resource guide, "Childhood Illnesses," match the symptoms to the correct illness, disease, or health concern. You can use an answer more than once, and there may be some that are not used.

WORD LIST:

ASTHMA
HEPATITIS B
ALLERGIES
VIRUS
STREP THROAT
CRADLE CAP
DIARRHEA
ROSEOLA
COLIC
TETANUS
MEASLES
DIPHTHERIA
CROUP
THRUSH
IMPETIGO

| | |
|---|---|
| **STREP THROAT** | a. Mark is complaining that his throat hurts. When his mother shines a flashlight in his mouth, the light shows white patches and tiny red dots in his throat. The lymph nodes in his neck are tender, and he has a headache. |
| **TETANUS** | b. Juan stepped on a nail outside of the garage at his home. It is essential that he receive an injection to prevent the bacteria from spreading throughout his body. These symptoms include headache, irritability, and muscular stiffness. |
| **IMPETIGO** | c. Nicole has had some small red pimples that ruptured and left a weepy raw area. These pimples are located on her body underneath the diaper area. |
| **HEPATITIS B** | d. Ingra is a carrier of this virus although she has not been ill for several years. She is concerned about the effects this virus will have on her liver and whether or not she will pass it on to her future children. |
| **ASTHMA** | e. Tonya has difficulty breathing. When she is under great stress, one can hear her wheezing from a distance. Tonya always has medication with her to relax the muscles in her bronchial tubes and prevent them from narrowing. |
| **DIPHTHERIA** | f. Shawn has been diagnosed with this disease because he was not checked when he had the early symptoms of a sore throat, fever, and chills. The bacteria in his body can now produce a poison that may result in pneumonia and heart failure. |

OPTION 3, page 8--CHILDHOOD ILLNESSES KEY

| | |
|---|---|
| **ALLERGIES** | g. Samantha has a difficult time when she is in the mountains. Many plants cause her eyes to water. She also gets a runny nose, and her skin begins to itch. |
| **ROSEOLA** | h. David is 10 months of age. He has had a high fever for the last three days. His fever dropped this morning, but now he has a rash on his torso. |
| **CROUP** | i. Megan sounds like a barking seal at "seal world." She has difficulty inhaling. Her mother is giving her lots of clear fluids to drink. She also has a cool-mist vaporizer running in her bedroom. |
| **MEASLES** | j. The doctor was surprised when she checked Carlos. Carols' mother explained that he had a high fever and then a red rash. It has been over a week, and she is very concerned. The doctor explained that this is an illness that can develop into encephalitis, an inflammation of the brain. This disease is usually not seen in the United States because of the available immunizations. |
| **COLIC** | k. Jackie has a three-week-old baby. She called the nurse today and explained the symptoms. Her baby has begun crying every evening for 3-5 hours. As far as Jackie can tell, nothing seems to be seriously wrong with her baby. She has had two other children, and they never had this problem. |
| **THRUSH** | l. The doctor explained to Sarah that her baby had a yeast infection. He showed Sarah the white patches inside of her baby's cheeks and lips. They were also on her tongue and the roof of the mouth. The doctor gave Sarah some medication and explained that yeast live naturally in the mouth and grows well in a moist environment. |
| **DIARRHEA** | m. Jack does not seem to be sick, but when you change his diapers, you notice that the bowel movements are loose. They are a greenish color, and the odor is different. He is playful and active but does not want to eat. |
| **CRADLE CAP** | n. You are taking care of your infant niece. The baby's head is covered with light patches that look dirty. You ask your sister what is wrong. She tells you that she has been putting lots of oil on the baby's head, but the patches just keep getting worse. |

# IMMUNIZATIONS

Immunizations are important to the health and well-being of children. Vaccines help to prevent serious diseases in young children. In the past, diseases like polio, mumps, measles, whooping cough, and diphtheria were responsible for many illnesses, permanent disabilities, and even death. Today, we rarely hear about these diseases due to the vaccines now available

Immunizations are available through any physician or pediatrician. The cost is often covered by health insurance. For families who do not have health insurance, or whose health insurance does not cover immunizations, county health departments make the vaccinations available. The health department will administer the vaccinations at a minimal cost, or for people who are unable to pay, they will be administered free of charge.

The immunizations necessary for children to receive include:

POLIO: There are two types of polio vaccines. Most physicians recommend the live oral polio vaccine, which is called OPV. "Live" means that the polio virus used in the vaccine is still alive but has been made very weak. This type of vaccine is given as drops in the mouth. The other vaccine is called IPV (inactivated polio vaccine). "Inactivated" means that the polio virus used in the vaccine has been killed. This type of vaccine is given as a shot. The best way to be protected against polio is to get four doses of polio vaccine. Most babies should get two doses by four months of age and a third dose at 15-18 months of age. The fourth dose is given at 4-6 years of age.

DPT: This is a three-in-one vaccine. Vaccinations against three different diseases—diphtheria, pertussis (Whooping Cough) and tetanus—are combined and given as one shot. This vaccination is usually given five times before a child reaches 7 years of age. Three of the shots are given before the child reaches 6 months of age. A child who is older than 7 years of age or an adult is usually given the TD vaccine (tetanus and diphtheria).

MMR: This is another type of three-in-one vaccine. It protects against measles, mumps, and rubella. Usually, it is given two times, first at 15 months of age and again before school entry (4-6 years of age).

HIB: HIB vaccinations should be given at 2, 4, 6, and 15 months of age for optimum protection.

HEPATITIS B: Three vaccinations, given on three different occasions (at least one month apart), are needed for full protection. A newborn baby may receive the first vaccination before leaving the hospital following birth.

The following chart shows the recommended times to get a child immunized. TEACHER NOTE: You may wish to make a transparency of the following chart to review with the students.

## IMMUNIZATIONS

| | Polio | Diphtheria Tetanus Pertussis (3-in-1 vaccine) | Measles Mumps Rubella (3-in-1 vaccine) | Tetanus/ diphtheria (2-in-1 vaccine) | Haemophilus Influenza b* |
|---|---|---|---|---|---|
| 2 months | XXXXX | XXXXX | | | XXXXX |
| 4 months | XXXXX | XXXXX | | | XXXXX |
| 6 months | XXXXX | XXXXX | | | XXXXX |
| 12 months | | | XXXXX | | |
| 15 months | | | | | XXXXX |
| 18 months | XXXXX | XXXXX | | | |
| 4-6 years | XXXXX | XXXXX | XXXXX | | |
| 14-16 years | | | | XXXXX | |

**UNIT:** Decisions That Affect Children **LESSON:** Health and Safety of Children-First Aid
**TIME:** 1-2 days

**COMPETENCIES:**

1. Discuss and demonstrate basic first-aid procedures. (Options 2 and 3)
2. List the items that should be required in the preschool first-aid kit. (Option 4)

**OVERVIEW/SUMMARY:**

No one knows when an emergency will occur. It is necessary that all people who work with young children know basic first-aid procedures.

**MOTIVATOR:**

Show the video "How to Save Your Child or Baby."

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: Just Going to the Dentist, I Wish I Was Sick, Too!, by Franz Brandenberg, ISBN#394-83674-X

OPTION 2--Competency 1
Invite an EMT, nurse, or doctor to come to class and demonstrate basic first-aid procedures. Include the abdominal thrust, other choking procedures, bleeding procedures, emergency breathing techniques resuscitation, and CPR.

OPTION 3--Competency 1
VIDEO: Show the video "Handling Childhood Emergencies with Confidence" and have the students complete the accompanying worksheet. TEACHER NOTE: The key to this worksheet is comprehensive enough to present a first-aid lecture. This worksheet is a good reference for students to keep.

OPTION 4--Competency 2
FIRST-AID KIT: Using the transparency and actual items from a first-aid kit, review the items that should be found in a caregiver's first-aid kit.

**RESOURCES:**

"How to Save Your Child or Baby"
Video Prescriptions
Pacific Stat Systems, Inc.
9144 Sepulveda Blvd.
Los Angeles, CA 90045
"Handling Childhood Emergencies With Confidence"
Changing Times Education Service
TIME FOR ME Video cassettes
ISBN #0-8219-0353-5
EMC Publishing
300 York Avenue
Saint Paul, Minnesota, 55101 30 minutes

Name ______________________________ Hour ____________

# HANDLING CHILDHOOD EMERGENCIES WITH CONFIDENCE

## C.P.R.

1. What does C.P.R. mean?

2. Do you perform C.P.R. the same on a child as you would on an adult? Why?

3. What signs tell you if a child needs C.P.R.?

4. C.P.R. skills require the three A-B-C steps. What are they?
   a.
   b.
   c.

5. On what part of the body do you check for a pulse?

6. What do you do if there is no pulse?

7. When you perform chest compressions, what part of the body are you working for?

8. Should you stop chest compressions when you get a pulse? Why?

## CHOKING

9. What should you do if a choking child is coughing?

10. Is it a good idea to pound a choking child on the back? Why?

11. How many times can you safely repeat the abdominal thrust on a choking child?

12. What should you do if a choking child becomes unconscious?

13. How can you prevent choking?

## SEIZURES/CONVULSIONS

14. What should you look for in a seizure?
15. Why do seizures happen?
16. How can you help a child who is having a seizure?

## DROWNING

17. How much water needs to be present for a child to drown?
18. If a child is conscious after drowning, what do you do?
19. What should you do for a drowned, unconscious child who is breathing?
20. What should you do for a drowned, unconscious child who is not breathing?

## SHOCK

21. List several symptoms of shock.
22. How would you prevent loss of body heat in a child suffering from shock?
23. List conditions that can cause shock.
24. What do you do to treat a child in shock?

## POISONING

25. List the symptoms of poisoning.
26. What first-aid item induces vomiting?
27. What type of poisons should not be thrown up?

## HEAD INJURY

28. What kind of accidents can cause serious head injuries?
29. How should you diagnose a serious head injury?

## BLEEDING

30. How can a caregiver control the flow of blood from a child's wound?

31. If there is an object stuck in the child's flesh, what do you do to control the bleeding?

## BROKEN BONES

32. Explain the three different types of fractures.
    a.
    b.
    c.

33. What are the symptoms of a fracture?

## BURNS

34. Describe how to treat a first-degree burn.

35. Describe how to identify a second-degree burn and how to treat it.

36. If a child's clothing is on fire, what should he/she be taught to do?

37. If the child begins running when clothing is on fire, what should you do?

38. What items should not be used on burns?

## EYE INJURY

39. What steps should you take if a child complains of sand in the eye?

40. What should you do for a foreign body embedded in the eye? How might you remove a foreign body from the eye if it is not embedded?

# HANDLING CHILDHOOD EMERGENCIES WITH CONFIDENCE--KEY

C.P.R.

1. What does C.P.R. mean?
   **Cardio (heart) pulmonary (breathing) resuscitation (to bring back heartbeat or breathing)**

2. Do you perform C.P.R. the same on a child as you would on an adult?
   **No. Do not push or blow as hard as you would on an adult. This could cause serious damage to the child.**

3. What signs tell you if a child needs C.P.R.?
   **Ask: Can the child speak?**
   **Is the child breathing?**
   **Does the child look different?**
   **Is the skin a blue color?**
   **Does the child respond?**
   **Is the child limp or very still?**
   **Could the child have choked on small parts?**

4. C.P.R. skills require the three A-B-C steps. What are they?
   a. **Airway (open the airway)**
   b. **Breathe (breathe for the child)**
   c. **Circulation (check for a pulse)**

5. On what part of the body do you check for a pulse?
   **In the neck.**

6. What do you do if there is no pulse?
   **Do chest compressions.**

7. When you perform chest compressions, what part of the body are you working for?
   **You are doing the work of the heart by moving the blood through the body.**

8. Should you stop chest compressions when you get a pulse? Why?
   **Yes. Stop the chest compressions if you get a pulse.**

CHOKING

9. What should you do if a choking child is coughing?
   **If a child is choking, encourage the child to cough. The coughing may be enough to dislodge whatever is choking the child. If not, be prepared to use the abdominal thrust.**

10. Is it a good idea to pound a choking child on the back? Why?
    **Never pound a choking child on the back. Use the abdominal thrust.**

11. How many times can you safely repeat the abdominal thrust on a choking child?
**As many times as is necessary.**

12. What should you do if a choking child becomes unconscious?
**Act quickly. The caregiver should straddle the child and find a point between the breastbone and naval. Using the heel of the hand and fist, try to force the object out by doing 6-10 upward and inward thrusts. Check the airway. Remove the object.**

13. How can you prevent choking?
**Be wary of the food the child eats and toys with which the child plays.**

SEIZURES/CONVULSIONS

14. What should you look for in a seizure?
**Sudden rise in temperature**
**The loss of consciousness**
**Stiff body**
**Held breath**
**Rhythmic jerking of limbs**
**Loss of bowel control**
**Confusion**
**Drowsiness**

15. Why do seizures happen?
**It is thought that when the normal electrical impulse pattern of the brain is disrupted, a seizure will occur. It may occur spontaneously, or it may be set off by poisons, fevers, or infections.**

16. How can you help a child who is having a seizure?
**Do not panic! Lay the child in the middle of the floor on his/her side so the tongue doesn't fall back and block the airway. Do not leave the child alone. Do not force anything in the mouth. When the seizure stops, keep the child on his/her side and call a doctor.**

DROWNING

17. How much water needs to be present for a child to drown?
**Two inches of water is enough to cover an infant's nose and mouth.**

18. If a child is conscious after drowning, what do you do?
**Cover the child and keep him/her warm and dry until help arrives.**

19. What should you do for a drowned, unconscious child who is breathing?
**Remove the child from the water. Since the child is breathing, do nothing but wait for help.**

20. What should you do for a drowned, unconscious child who is not breathing?
**Perform CPR on an unconscious child who is not breathing.**

SHOCK

21. List several symptoms of shock.
**Pale, blue-gray skin; rapid weak pulse; shallow, fast breathing; cold, clammy skin; sweating; dizziness; blurred vision; restlessness; thirst; unconsciousness.**

22. How would you prevent loss of body heat in a child suffering from shock?
**You can cover the child lightly with a blanket to prevent the loss of body heat. Do not overheat the child.**

23. List conditions that can cause shock.
**Dehydration, reactions to insect bites and medications, burns, electric shock, heart trouble, severe bleeding, loss of blood, a drop in blood pressure, overwhelming infection.**

24. What do you do to treat a child in shock?
**While waiting for help, take care of any bleeding using direct pressure. Lay the child down on a flat surface and raise the legs above the heart and support them with pillows. Loosen tight clothing. Turn the head to one side. Keep the child warm but not hot. Stay calm. Do not use hot water bottles and heating pads.**

POISONING

25. List the symptoms of poisoning.
**Poisonous plants in the area, vomiting, empty containers, diarrhea, burns around the mouth, convulsions.**

26. What first-aid item induces vomiting?
**Syrup of ipecac.**

27. What type of poisons should not be thrown up?
**Corrosive poisons such as acids, bleach, lye, or weed killer.**

HEAD INJURY

28. What kind of accidents can cause serious head injuries?
**Being hit by a baseball, falling of a bicycle or skateboard, falling from the roof, being in an automobile accident.**

29. How should you diagnose a serious head injury?
**Discharge of blood from nose or ears, vomiting more than once, headache, irritability, drowsiness, stunned or dazed.**

## BLEEDING

30. How can a caregiver control the flow of blood from a child's wound?
**Direct pressure, elevate the arm above the heart and keep applying direct pressure.**

31. If there is an object stuck in the child's flesh, what do you do to control the bleeding?
**Apply pressure above and below the object, not directly on the object itself. Do not remove the object.**

## BROKEN BONES

32. Explain the three different types of fractures.
    a. **Simple fracture--the bone breaks in one place.**
    b. **Compound fracture--the bone is broken in two or more places.**
    c. **Greenstick fracture--the bones are apt to bend like three limbs because the bones are flexible.**

33. What are the symptoms of a fracture?
**Pain, swelling, bruising, possible deformation, being unable to move without pain**

## BURNS

34. Describe how to treat a first-degree burn.
**With a cool compress or cold water. While painful, they seldom need the attention of a doctor.**

35. Describe how to identify a second-degree burn and how to treat it.
**As first degree gets worse, it turns into second degree. Painful for a child and could lose fluid. If the burn is larger than his/her hand, he/she should be seen by a doctor. Second degree burns must be seen by a doctor.**

36. If a child's clothing is on fire, what should he/she be taught to do?
**Stop, drop, and roll**

37. If the child begins running when clothing is on fire, what should you do?
**Use a bucket of water or smother the flames with nonflammable material. If neither is nearby, lie on top and roll with the child to smother the flames.**

38. What items should not be used on burns?
**Do not use butter, cream, ointment, chicken skin, or other home remedies.**

## EYE INJURY

39. What steps should you take if a child complains of sand in the eye?
**A small speck of dust in the child's eye is not serious. The eye will naturally wash the sand or speck of dust out with tears if given time.**

40. What should you do for a foreign body embedded in the eye? How might you remove a foreign body from the eye if it is not embedded?
**Do not attempt first aid if there is an object embedded in the eye. Place a clean pad or handkerchief over the eye, and tap it in place. Take the child to the nearest emergency room. To remove a foreign object that is not embedded in the eye, pour a glass of water across the open eye or ask your child to look up while you remove the object with the corner of a clean handkerchief.**

# FIRST-AID KIT

## RECOMMENDED CONTENTS FOR A CHILD CARE PROVIDER

1. A quick reference first-aid manual
2. Surgical soap (no hexachlorophene)
3. 20 3"x3" sterile gauze squares
4. Scissors
5. Tweezers
6. 25 assorted Band-Aids
7. 1 roll 2" flexible gauze bandage
8. 1 roll 4" flexible gauze bandage
9. Cotton and/or soft tissues
10. Tongue depressors
11. Cotton-tip applicators
12. 1 roll 1" bandage tape
13. Thermometer (auxiliary or oral)
14. Syrup of ipecac (10 1-oz. bottles)
15. 1 box rubber gloves
16. Ace bandage
17. Alcohol base wipes of 70% alcohol
18. Safety pins
19. Small flash light

**UNIT:** Decisions That Affect Children **LESSON:** Health and Wellness of Children--Nutrition
**TIME:** 1-2 days

**COMPETENCIES:**

1. Discuss proper nutrition and exercise for children. (Options 2, 3, 5, 6, 7, and 8)
2. Identify harmful ingredients and effects they can have on children. (Option 4)

**OVERVIEW/SUMMARY:**

Children cannot fully participate in activities and school if they have not eaten nutritious food. Nutrition and exercise go hand in hand in maintaining good health.

**MOTIVATOR:**

Draw a blank food pyramid on the chalkboard. See if any of the students can complete the pyramid.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: The Hungry Caterpillar, Round Robin, Jack Kent, Prentice Hall Inc., Englewood Cliff, NJ, Scholastic Books, ISBN # 0-590-759345. More Spaghetti, I Say!, Sam's Sandwich

OPTION 2--Competency 1
PYRAMID: Use a pyramid handout (available through Dairy Council) and discuss the suggested servings of each group and the size of each serving for a child.

OPTION 3--Competency 1
NUTRITION FOR CHILDREN: Have the students use a child care text to read about the nutrient needs of young children. Discuss the implications of their reading as a class.

OPTION 4--Competency 2
HARMFUL INGREDIENTS: Use the teacher information to discuss harmful ingredients and their affects on young children.

OPTION 5--Competency 1
HEALTHY MEALS AND SNACKS: Use the teacher information to discuss how to teach children and influence them to eat and enjoy healthy, nutritious food. After this discussion, split the class into several different groups and have them complete the FUN SNACK activity. (NOTE TO TEACHER: Have several children's recipe books to show the class.)

OPTION 6--Competency 1
PRESCHOOL SNACK RECIPES: Have the students complete the PRESCHOOL SNACK RECIPES assignment (a sample assignment is included). On the day the assignment is due, the class should be divided into small groups. Have students share their recipe ideas with the group. After collecting the recipes, compile them and make copies of each student's recipe so the entire class has a copy of each recipe. This provides the students with a great future reference.

OPTION 7--Competency 1
SNACK ATTACK! Have students complete the SNACK ATTACK activity.

OPTION 8--Competency 1
MENU PLANNING: After discussing and learning some of the above options, have the students complete a day's menu for preschool-age children. See worksheet "MENU PLANNING."

# HARMFUL INGREDIENTS

## SUGAR

Sugar can be harmful to a child's diet because it causes cavities, it dulls a child's appetite for healthy food, and it gives a false sense to a child of being full. The slogan of Snickers candy bar "Snickers satisfies you" holds true mostly due to the sugar in the candy bar.

The effects of sugar have been discussed and analyzed many times. However, as of the present time, there is no conclusive evidence as to sugar actually being harmful. However, we do know that sugar contributes to tooth decay and is eaten many times as a substitute for more nutritional food.

It may be interesting to show students the actual amount of sugar found in various foods they consume:

Plain Donut=2 1/2 Tbsp.
Roll of life savers=1 1/2 Tbsp.
Small sucker=1/2 tsp.
1 Tbsp. jam=1 Tbsp.
stick gum=1/2 tsp.
1 glass chocolate milk=2 Tbsp.
Small soda=1 1/2 Tbsp.
Ice cream cone=1 1/2 Tbsp.
1 gum drop=1/2 Tbsp.
Popsicle=2 1/2 Tbsp.

Sugar affects the blood sugar level in the bloodstream, which can create liver problems and disorders. Sugar also affects the brain and energy level. The brain requires a steady supply of "food," which is glucose (sugar). The best type of sugar for the body is complex sugar, or starch. If the brain does not have a steady supply of glucose, it causes an individual to become tired. However, if an oversupply or rush of sugar enters the bloodstream, the mind becomes overcharged, overexcited, and overstressed.

Sugar is found naturally in many foods that children consume. Children usually enjoy fruit more than vegetables because fruit is sweeter due to the natural sugars found in them. As stated before, our bodies need sugar, and natural sugars are the best form. Refined sugar, such as table sugar and artificial sweeteners, are the ones to avoid. Pediatricians report that limiting refined sugar and artificial sweeteners in the diet of children will improve their behavior and ability to think. If any sweeteners are to be used in food for children, it should be brown sugar or molasses. (Remember, honey should not be given to children under the age of 2 years old.)

## CHOCOLATE

Chocolate is made form the cacao bean. This bean contains an alkaloid chemical that is just as stimulating as the one found in coffee. One ounce of pure chocolate also contains 20 mg of caffeine, another stimulant. Therefore, chocolate causes children to be hyperactive, irritable, aggressive, defiant, and listless. It also adversely affects the metabolic rate and places strain on the liver.

Some researchers also believe that chocolate can become addicting due to the stimulants in it.

There is a chocolate substitute called carob, which does not have the stimulating and addicting chemicals of chocolate. Carob is available in health food and department stores.

## CAFFEINE

Caffeine interferes with a child's hearing or auditory perception. It impairs a child's eye-hand coordination. It causes mental confusion and poor concentration. Hyperactivity is observed in children with high levels of caffeine in their bloodstream. These children also display extreme nervousness, anxiety, and fatigue.

Chocolate and pop are the foods that children consume that contain caffeine. Colas are the obvious sodas with caffeine. There are 40-54 mg of caffeine in every cola-type soda pop. This is equivalent to the caffeine found in a half-cup of coffee. Colas are not the only type of soda pop that has caffeine. Check ingredient lists to find if the soda pop contains caffeine.

## ADDITIVES

Additives, such as artificial food colorings, artificial flavoring, monosodium glutamate (MSG), and salt, have been linked to hyperactivity, illness, and decreased attention spans in children. MSG also creates problems for children with allergies.

## HONEY

NO honey should be given to children under the age of two years old. Infant botulism is associated with the death of infants who have consumed tainted honey.

# HEALTHY MEALS AND SNACKS

Learning to eat nutritious food begins in the early years. Emphasizing good nutrition at an early age will help get children on the track to a healthy lifestyle. Snacks and/or meals should be healthy and appealing. Following are some helpful hints in making children's snacks and meals nutritious, healthy, and fun:

1. Have children eat snacks or meals together in small groups. This helps the children to learn table manners such as taking turns, waiting until everyone has been served before eating, etc.
2. Make eating time pleasant. Create a positive atmosphere and encourage pleasant conversation.
3. Plan snacks or meals at appropriate times. Make sure children are rested. Overtired children will not eat much. Make sure children are fairly calm. Overactive children are not interested in eating. Forcing children to eat when they are tired or not interested in eating can create negative feelings toward food and snack or meal time.
4. Plan snacks or meals that the children can help prepare. Children are more interested in food they have helped to prepare. It is also a good time to emphasize many skills:
    a. premath, as the children measure, cut, put together, and take apart
    b. prereading, as the children read or look at a recipe to find the ingredients and the amount of each ingredient
    c. social, as the children interact with a teacher/caregiver and take turns with other children
    d. language, as the children communicate feelings, thoughts, and ideas as well as the what, how, and whys of the product they are preparing.
5. Limit distractions. Keep toys and other distractions away from the snack or meal table. Too many distractions make the children forget about eating.
6. Introduce one new type of food at a time. Do not make a big deal about serving a new food. Give small portions of unfamiliar foods at a time.
7. Serve interesting colors, shapes, and sizes. Fix tasty-looking food. It is surprising how creating a face, animal, or some kind of design out of carrots, a pineapple ring, raisins, and cottage cheese can entice a child who otherwise does not like those foods to suddenly eat and enjoy the foods.
8. Simplify eating; serve finger foods and bite-sized pieces.
9. Children prefer mildly seasoned foods, so use herbs, spices, salt, and pepper lightly.
10. Food should not be used as a reward or punishment. Do not force a child to eat a food because of misbehavior or offer treats for good behavior. Do not encourage eating for emotional satisfaction when children are happy or sad. This can begin a lifetime habit of overeating or not eating due to emotional stresses.
11. Serve snacks that are nutritious and healthy. Stay away from foods high in sugar, fat, and additives. Chocolate should be avoided. Provide fresh fruit, vegetables, low-fat dairy products, etc. There are many children's food recipe books on the market that are loaded with creative and nutritious snacks and dishes.

# PRESCHOOL SNACK RECIPE ASSIGNMENT

You will invent a recipe for a children's snack that is easy to follow, that the preschool children can assist in preparing, and that includes the four vital components listed below:

1. A list of ingredients
2. A list of utensils
3. Detailed directions
4. Objectives for the recipe

In the ingredients list, you must be sure that all ingredients have amounts or measurements that are exact. Double check the ingredients list to make sure you have included all the needed ingredients.

You must carefully think through all the items and/or equipment that you will need to prepare the snack and include them in the utensils list.

Step-by-step instructions that are easy to follow are very important. You may wish to include diagrams or pictures to assist in the explanation of your directions.

The objectives for your recipe are the skills and developmental processes that the children will develop or work with while helping to prepare the snack.

Example:

## CHUNKY APPLESAUCE

### INGREDIENTS

4 red apples
4 yellow apples
4 green apples
1 cup water
1 teaspoon cinnamon

### UTENSILS

4 small knives
covered electric skillet
measuring cups and spoons
bleach
small bowl
damp rag
large spoon

### DIRECTIONS:

Prior to the cooking experience, wash the table with a small amount of bleach and a damp rag. Let it dry. As children become involved with this activity, cut apples into eighths and core. Dispose of cores in a small bowl. Children can cut the apple eighths into small chunks. Place the chunks into the electric skillet. Add cinnamon and one-half cup of water. Cover the electric skillet and simmer for about one-half hour, stirring occasionally and adding water as needed to keep them moist. Do not remove the apple skins; they make the applesauce more nutritious and colorful! Serves 16

### OBJECTIVES:

Making applesauce is an excellent sensory experience that appeals to the child's sense of taste, smell, and sight. By measuring, counting apples, and seeing the apples divided into pieces, children are exposed to a variety of mathematical concepts. Because the apples change form as they are heated, this food experience provides exposure to the scientific concept of changing states. Finally, this activity can also teach a variety of concepts about apples: apples come in various colors, apples have seeds, apples have a skin for protection, apples are a fruit that we eat.

### APPROPRIATE THEMES:

Fruits
Foods
Trees
Colors
Apples
Fall
Plants
Seeds

### RESOURCES:

Books:
"The Apple and the Moth"
"The Very Hungry Caterpillar"
Fingerplay:
"Way Up High in the Apple Tree"

## SNACK ATTACK

Divide the class into several small groups. Give each group one of the following trays with the listed items on each tray.

Tray #1:
Several carrots
Pineapple ring
Pile of raisins
Cottage cheese

Tray #2
1 apple
Pile of raisins
Granola
Low-fat yogurt

Tray #3
Slices of cheese
Pickles
Crackers
Raisins

Tray #4
Celery
Peanut butter
Raisins

Tray #5
Bread slices
Ham
Lettuce leaves
Green and black olives
Salad dressing
Mustard

Tray #6
1 apple
Peanut butter
Marshmallows

Have the following items available for the students to use:

- Toothpicks
- Graters
- Peelers
- Food sprinkles
- Food molds
- Food coloring
- Knives, forks, spoons
- French fry cutter
- Cookie cutters
- Cupcake papers

Encourage the students to use their collective imaginations to create one or several fun, interesting, and enticing looking snack from the food and items provided for the group.

After all the groups have completed their creation(s), have them display them with the entire class.

Name ______________________ Hour __________

# MENU PLANNING

List your menu items in the space provided. Place appropriate check marks in each of the food groups represented in each menu item. Tally how many servings from each group the child would receive.

| | BREADS | FRUITS | VEGETABLES | DAIRY | PROTEIN |
|---|---|---|---|---|---|
| BREAKFAST | | | | | |
| SNACK | | | | | |
| LUNCH | | | | | |
| SNACK | | | | | |
| DINNER | | | | | |
| SNACK | | | | | |
| TOTAL SERVINGS FROM EACH GROUP | | | | | |

**UNIT:** Decisions That Affect Children

**LESSON:** Selecting a Child Care Provider

**TIME:** 1-2 days

## COMPETENCIES:

1. Identify various options available for child care. (Option 2)
2. Identify qualities of competent child caregivers. (Option 5)
3. Describe complications of acquiring competent child care. (Option 3)
4. Evaluate child care facilities for adequacy, safety, and sanitation. (Option 4)
5. Determine if facilities and/or provider meet state guidelines. (Option 5)

## OVERVIEW/SUMMARY:

The dual-career family is becoming the norm rather than the exception in today's society. Choosing a caregiver has become one of the most important decisions that parents will make. When parents feel assured about the care of their children, they are able to concentrate on their job and work responsibilities.

## MOTIVATOR:

HELP ME FIND A CAREGIVER: Have each member of the class pretend they were just given the car of their dreams (a collage of current sports cars would be useful). However, they just won a month-long vacation to the vacation spot of the world. They must find someone to take care of their car. The owner's manual said it must be driven daily and washed weekly. Who will they select to take care of the car?

Most students would not want anyone to take care of their car. It is a valuable investment and someone else may mistreat it or not give it the tender loving care it deserves. This situation is simple compared to finding a child care provider. A child is much more important than any car you could ever own.

Discuss as a class the complications of acquiring competent child caregivers (many students will have personal experiences from home). Some ideas may include irregular working hours or days, financial difficulties, proximity to child care, availability of child care, children with special needs, etc.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: Good Dog, Carl--this book is meant as a spoof to show students how lax some caregivers can be.

OPTION 2--Competency 1
TYPES OF CHILD CARE: Using the student worksheet, the teacher can present information concerning the types of child care available. As a class, discuss the advantages and disadvantages of each, or divide the class into small groups and assign them a type of child care, with the definition. Have them list advantages and disadvantages and share the information with the class.

OPTION 3--Competency 3
QUALITY CHILD CARE: Have the class complete the worksheet, "RIGHTS AND RESPONSIBILITIES." You may wish to have them do this individually, or you may wish to review this information as a class, using the worksheet as a transparency. In either case, students should be able to explain their reasoning for their answers.

OPTION 4--Competency 4
OBSERVATION: Have the student visit a child care facility and evaluate the services provided, using the activity form.

OPTION 5--Competencies 2, 5
TEACHER REFERENCE: The information INDICATORS OF QUALITY CHILD CARE AND UTAH LICENSING RULES are included for your reference. Most classes would not warrant sharing all this information with students.

---

**RESOURCES:**
You may wish to inform the students of the "Childcare Connection," a parent resource that coordinates prices, agencies, and licensing needs to individual needs of a parent.

## CHILD CARE PROVIDERS

| TYPE OF CARE | INFORMATION | ADVANTAGES | DISADVANTAGES |
|---|---|---|---|
| FAMILY CHILD CARE HOMES | Licensed family providers may care for a maxiumum of six children (including their own) in a private residential setting. Family child care providers often make the decisions a parent would make such as meal planning, discipline methods, and choice of learning activities. Providers are required to meet state standards for a wide range of identified, regulated areas. | Licensed by the state<br>Small group size<br>Home-like atmosphere<br>Extended family feeling<br>May have flexible hours<br>Consistent adult relationship | Licensing mainly monitors environment, not program characteristics<br>Increased exposure to illness<br>May not have planned activities or a wide variety of materials<br>Environment may restrict active play<br>Not all providers can promise long-term care arrangements |
| CHILD CARE CENTER | Child care centers provide care for seven or more children in a non-residential setting. Center hours and schedules are designed to meet the needs of working parents. Several kinds of centers exist, including infant/toddler programs and day camps. Some centers are designed for infants and toddlers only. Others combine programs for infants, toddlers, preschoolers and school-aged children. You should expect child care centers to comply with minimum rules set by the Office of Licensing, the Department of Health, and the Fire Department. This setting should provide activities that encourage and support your child's growth and development. | Opportunities for your child to socialize with peers<br>Should offer planned activities with goals and objectives for children<br>Offers hours and schedules that meet needs of working parents<br>Long-term care possibilities (infant through school age)<br>Should have varied materials and experiences available to the children<br>May offer special services (transportation, children's programs, newsletters) | Child must be transported from home<br>Increasdexposure to illness with limited or no sick care options<br>Long day in nonhome environment<br>Firmly established hours and schedules<br>Multiple staff relationships and turnover may be disruptive to child |

|  |  |  |  |
|---|---|---|---|
| FAMILY GROUP HOMES | Similar to family child care homes; family group homes are operated by two providers who care for 7-12 children in a residential setting. Four of these children may be under two years of age. |  | Licensing mainly monitors environment, not program characteristics<br>Child must be transported from home<br>Increased exposure to illness<br>May not have planned activities or a wide variety of materials<br>Environment may restrict active play |
| INHOME CARE | A child care provider comes to your home on a regular basis to care for your children. A live-in or live-out provider resides in your home full or part time, with set hours available to you for child care. Parents can recruit inhome care on their own or contract with a nanny agency to locate a provider who meets the families specifications. Inhome child care is exempt from licensing. | No early morning organizing or transportation<br>Can arrange services to include housekeeping<br>Hours determined by family<br>May work well for families with more than one child<br>Parent has a greater degree of control as "employer"<br>Keeps child in a familiar setting | Some loss of privacy<br>Legal and financial responsibilities<br>Requires recruitment skills or use of nanny agencies, which add additional costs<br>Can isolate children from socialization opportunities<br>Levels of provider competence vary greatly |
| SHARED CARE | Shared Care is an arrangement in which you share cost for the hiring of an inhome caregiver with another family. The provider often divides time between residents. This type of care is exempt from licensing. | Inhome benefits are obtained at a reduced cost<br>Some control over ages and natures of other children<br>Children have two care environments<br>Shared responsibility for learning activities | Requires additional organizational activities to meet the needs of two families<br>Legal and financial responsibilities<br>May be difficult to find a provider who would accept this arrangement |
| CARE BY RELATIVES | Care by relatives is considered to be a type of legally exempt child care. The person caring for the child is a relative of the family. | The caregiver may feel more personal responsibility and love toward the child<br>The child may feel more at ease<br>It is more of a family setting<br>Small group size | Not subject to licensing requirements<br>Family disagreements could create problems |

| | | | |
|---|---|---|---|
| BEFORE- AND AFTER-SCHOOL PROGRAMS | Before- and after-school programs care for children ages 5-14 years of age. They typically operate when school is not in session, including vacations and holidays, and the time prior to the school's opening and closing. Programs can be found in a variety of settings, including child care centers, family child care homes, public schools, and community centers. School-age programs must comply with specific standards that relate to care of older children. | Can provide a safe environment for children while parents are working<br>Can provide quality role models for children to relate to<br>Can enrich areas of child's growth and development<br>Should provide a variety of materials and activities for participants | Long period of time for children to be in structured activities<br>Program characteristics may not match the needs of your child<br>Staff qualifications may not meet the needs of older children |
| PRESCHOOL | Preschool programs for young children may be found in homes and nonresidential settings. Often preschools provide children with early learning experiences and opportunities to socialize with peers. Preschool programs typically provide care for 2-4 hours per day. They are license exempt and are not monitored by any state agency. | Opportunity to socialize with other children<br>May provide programs that focus on specific developmental areas<br>Sometimes offers special services (field trips, parent lectures, diagnostic evaluations)<br>Low adult-child ratios | Child must be transported from home<br>Classes may be closed during the summer or holidays when you are working<br>Working parent's schedule may not be accommodated |
| LEGALLY EXEMPT CHILD CARE | Legally exempt child care is care that is exempt from licensing rules and regulations by the state because (1) they care for fewer than four children, (2) they operate for less than four hours a day, and (3) they are operated by a religious or educationally exempt entity. | Can offer child small group settings<br>Caregiver can tailor care to parents' specific needs<br>May have flexible hours<br>May offer special programs and services for children and parents | Not subject to licensing requirements or state minimum standards<br>Have not been inspected by child care licensing specialist<br>Parent is solely responsible for monitoring care<br>Access and turnover may be a problem |
| WORKSITE DAY CARE | Worksite day care centers are sometimes provided by employers for their employees. The center is located near the worksite. | Children close to parents and some lunch times can be spent together<br>Licensed by the state<br>No additional travel time is required<br>Hours and schedules meet parent's needs | Increased exposure to illness<br>Nonhome environment<br>Multiple staff relationships and turnover may be disruptive to the child |

Name ______________________________ Hour __________

# RIGHTS AND RESPONSIBILITIES

Regardless of the type of child care you select for your child, there are certain rights and responsibilities that parents and providers have. In the spaces below, identify who is responsible for that particular item (P=Parent, CG=Caregiver). Be prepared to explain your answer.

1. **Good communication**

    ______ Accidents or problems should be reported immediately.
    ______ Agreement on terms of care--a written contract is best.
    ______ Ask questions rather than jump to conclusions if something disturbs you.
    ______ Commitments should be upheld.
    ______ Do not interfere in family problems.
    ______ Do not offer advice unless asked by parents.
    ______ Inform provider of your child's routines, activities, and likes and dislikes.
    ______ Parents wishes should be followed (discipline, television watching, special diets, etc.)
    ______ Questions should be welcomed and asked to you.
    ______ You should get frequent reports on the progress of your child.
    ______ Your expectations should be clearly defined.

2. **Accessibility**

    ______ You should be able to visit the center at any time.
    ______ You should be able to call your child, as you think necessary.

3. **Safety**

    ______ Child restraints should be used when traveling.
    ______ Electrical sockets should have safety covers.
    ______ Stairways should be closed to a child's use.
    ______ The center should be, in general, childproof (no sharp objects, no poisonous substances, etc.)

4. **Child care providers should provide assurance that the child is being cared for by responsible, well-trained personnel.**

______ No belittling language but building of children's self esteem.
______ No foul language.
______ No teens acting as caregivers without consent.
______ Strangers, transportation providers, visitors, friends, or relatives should be screened.

5. **Any changes in routines should be made in advance**

______ 4-6 weeks notice of termination of child care.
______ Hours of service should be posted.
______ If you will be late picking up your child, let the caregiver know.
______ Prices should be posted.
______ Provider should be notified of vacations, dental/doctor appointments, or termination of care.
______ Surprises are not welcome.
______ Types of service provided should be posted.

6. **Respect your care provider**

______ Respect your care provider. Providing day care is not babysitting--it is a job.
______ Do not send children who are ill, hungry, or overly tired, unless you have informed the caregiver and he/she is in agreement with the decision.
______ Pay your care provider on time--no rubber checks.

7. **No jealousy**

______ Do not feel like you must compete for a child's love.

## RIGHTS AND RESPONSIBILITIES

Regardless of the type of child care you select for your child, there are certain rights and responsibilities that parents and providers have. In the spaces below, identify who is responsible for that particular item (P=Parent, CG=Caregiver). Be prepared to explain your answer.

1. **Good communication**

CG Accidents or problems should be reported immediately.
P, CG Agreement on terms of care--a written contract is best.
P, CG Ask questions rather than jump to conclusions if something disturbs you.
P, CG Commitments should be upheld.
CG Do not interfere in family problems.
CG Do not offer advice unless asked by parents.
P Inform provider of your child's routines, activities, and likes and dislikes.
CG Parents wishes should be followed (discipline, television watching, special diets, etc.)
P, CG Questions should be welcomed and asked to you.
P You should get frequent reports on the progress of your child.
P, CG Your expectations should be clearly defined.

2. **Accessibility**

P You should be able to visit the center at any time.
P You should be able to call your child, as you think necessary.

3. **Safety**

P, CG Child restraints should be used when traveling.
P, CG Electrical sockets should have safety covers.
P, CG Stairways should be closed to a child's use.
CG The center should be, in general, childproof (no sharp objects, no poisonous substances, etc.)

4. **Child care providers should provide assurance that the child is being cared for by responsible, well-trained personnel.**

    P, CG No belittling language but building of children's self esteem.  
    P, CG No foul language.  
    CG No teens acting as caregivers without consent.  
    P, CG Strangers, transportation providers, visitors, friends or relatives should be screened.

5. **Any changes in routines should be made in advance**

    P, CG 4-6 weeks notice of termination of child care.  
    CG Hours of service should be posted.  
    P If you will be late picking up your child, let the caregiver know.  
    CG Prices should be posted.  
    P Provider should be notified of vacations, dental/doctor appointments, or termination of care.  
    P, CG Surprises are not welcome.  
    CG Types of service provided should be posted.

6. **Respect your care provider**

    P Respect your care provider. Providing day care is not babysitting--it is a job.  
    P Do not send children who are ill, hungry, or overly tired, unless you have informed the caregiver and he/she is in agreement with the decision.  
    P Pay your care provider on time--no rubber checks.

7. **No jealousy**

    P, CG Do not feel like you must compete for a child's love.

Name ______________________________ Hour ______________

## OBSERVATION

Plan a visit to a child care facility. Read any brochures or pamphlets published by the facility that explains its programs, philosophies, or goals. Observe the facility, answering the questions on this study guide.

1. Name of facility:

2. Ages of children in the facility:

3. Safety checklist:
    - _____ There is adequate space for children.
    - _____ Windows and doors are screened.
    - _____ Room temperature is comfortable.
    - _____ There are two exits in all rooms.
    - _____ Areas are well lighted.
    - _____ Bathroom facilities are clean and in good working order.
    - _____ Water temperature is not too hot.
    - _____ Powder or liquid soap is available for hand washing.
    - _____ Diapering tables or mats are disinfected after each use.
    - _____ There are waste baskets for trash.
    - _____ Paper towels are available for hand washing.
    - _____ Unused electrical outlets are covered with safety caps.
    - _____ Extension cords are in good repair and taped down.
    - _____ Smoke detectors and fire extinguishers are located in appropriate places and are in good working order.
    - _____ Exits are clearly marked and cleared of obstacles.
    - _____ Stairs are free of toys and objects. Handrails are at children's height.
    - _____ Food preparation areas are clean and sanitary.
    - _____ First-aid supplies are available.
    - _____ At least one child care worker is trained in CPR and first aid.
    - _____ Emergency information for children is readily available.
    - _____ There are adequate amounts of equipment and activity centers.
    - _____ There are no sharp edges, nails, knives, or broken toys.
    - _____ There are cushioned surfaces under play equipment.
    - _____ The playground area is well groomed, fenced, and supervised.
    - _____ Sand area is covered when not is use.
    - _____ All hazardous materials are out of children's reach.
    - _____ Children and supervisors wash hands frequently.

4. Basic philosophies and goals of the facility:

5. Student-to-teacher ratio:

6. Description of the center:

7. Activities taking place during your visit:

8. Are the activities well organized?

9. Do the children appear to be happy and content?

10. Does the facility meet the needs of the age group it accommodates? Why or why not?

11. What are the center's strengths?

12. What are the center's weaknesses?

13. What would you do to improve the facility?

14. Would you choose this facility as an appropriate place for your child's care? Why or why not?

# INDICATORS OF QUALITY CHILD CARE

1. The caregiver's personal characteristics are vital to consider. These characteristics will be based on your own beliefs and values. Generally, the caregiver should be loving, honest, caring, clean, and concerned.
2. The caregiver should treat the children with respect.
3. The caregiver should be adequately trained. It has been proven that child care providers who have received child-related education provide a more stimulating, enriched environment for children. They are more responsive and comforting and spend more time talking and socializing with the child.
4. Evaluate the adult/child ratio in the center. Preschoolers, toddlers, and infants in smaller groups are more talkative and socially interactive. The experts agree that the ratios should be:

| | |
|---|---|
| FAMILY CHILD CARE: | 1 adult to five children<br>no more than two infants |
| CHILD CARE CENTERS: | 1 adult: 3-4 infants or toddlers |
| | 1 adult: 4-6 2-year-olds |
| | 1 adult: 7-8 3-year-olds |
| | 1 adult: 8-9 4-year-olds |
| | 1 adult: 8-10 5-year-olds |
| | 1 adult: 10-12 after-school children |

(NOTE: Suggested and required ratios are different!)

5. Become familiar with the curriculum. There are many approaches to educating children. There is not one model curriculum. Compare educational philosophies and established goals for children when selecting a program for your child.
6. Is the caregiver stable? Consistency of a caregiver is critical in allowing the child to develop secure relationships with adults. It is an important step in the development of trust in young children. Select a caregiver who can remain with the child for a long period of time.
7. Children will have a more successful experience if their parents are actively involved.
8. The environment should be safe and clean. Children should be adequately supervised. First-aid supplies should be accessible and an emergency plan and sick child policy established.
9. The food that children are served should be well balanced and represent the food groups. The preparation and serving areas should be safe and clean. Children should not be forced to eat or be punished or rewarded with food.
10. Recreation equipment should be appropriate, accessible to all children, and in good repair. Children should spend time with both large and small groups.

Emphasize to the students that people are the key to quality care giving.
Licensing does not guarantee quality!

# UTAH LICENSING RULES

Following is a summary of Utah's child care licensing rules. Providers are required to be in compliance with these rules.

## PARENT VISITS ENCOURAGED:

1. Visitation: Open to parents at all times.

2. Daily schedule and activities: There should be a variety of activities and equipment appropriate for each age group. There is balance between free choice and provider-directed activities. Daily schedule and lesson plans are current and posted for parents to view.

3. Mealtimes: Menus are available and follow U.S.D.A. food program requirements. Nutritious food, unhurried atmosphere, and pleasant conversation.

## SUPERVISION AND DISCIPLINE:

Children should not be left unattended. Discipline should include the setting of clear-cut limits, positive guidance, and redirection that fosters the child's ability to become self-disciplined. There should be no form of physical punishment (such as shaking, spanking or hitting), withdrawal of food or rest, profane language, or any form of emotional abuse.

## SAFETY: NOTIFY DIRECTOR OF ANY PROBLEMS YOU SEE!

1. Indoor/Outdoor play areas: Clean and safe, in good repair. Free from health and safety hazards.

2. Hazardous materials: Medicines, cleaning supplies, flammables, aerosols, firearms, plastic bags stored in safe area out of children's reach.

3. Fire: Caregiver's home shall have an approved smoke detector and an approved fire extinguisher on each floor accessible to children.

4. Transportation: Written parent permission on file for transporting. Seat belts, safe pick-up and drop-off areas. Notification of each field trip.

HEALTH:

1. Physical health: Physical examination and immunizations required prior to the first day of child's attendance. Centers and homes cannot accommodate ill children.

2. Personal hygiene: Caregivers and children wash hands frequently! Soap, towels, and toilet paper always available. Personal items (toothbrushes, bedding) are stored separately.

3. Children's injuries: Falls, bumps on the head, scratches and bruises, etc., shall be reported to parents on the same day they happen. Caregivers shall not give drugs, either nonprescription or prescription, unless currently prescribed and approved in writing by a physician and parent.

4. CPR certification: Caregivers shall keep current on pediatric-oriented CPR certification and first-aid training.

MINIMUM CAREGIVER-TO-CHILD RATIOS:

1. Centers:

| Age of children | Caregivers: Children |
|---|---|
| Infants (under 24 months) | 1:4 at all times |
| 2 years | 1:7 |
| 3 years | 1:12 |
| 4 years | 1:15 |
| 5+ years | 1:20 |

2. Group sizes: Infant group no larger than eight; infant ratios may not be averaged. Groups of children 2 years or older may not be larger than 25.

FAMILY HOME:

1. When a caregiver cares for children of all ages, including children under two years of age, the group size at any given time shall not exceed six, and not more than two children shall be under age two.

2. The caregiver's own children, and any other children living in the home, age six and under and in kindergarten, shall count toward the group size.

**UNIT:** Decisions That Affect Children **LESSON:** Challenging Times
**TIME:** 4-6 days

## COMPETENCIES:

1. Identify and discuss some possible stresses of childhood (e.g., divorce, lack of adequate financial resources, moving, pronged illness, death, working parents, new siblings, peer pressure, physical or emotional neglect, family members with special needs, etc.). (Options 2, 3, and 6)
2. Discuss the possible short-term and long-term effects of challenging situations on children. (Options 2 and 3)
3. Identify and explore positive, healthy strategies for coping. (Options 4 and 6)
4. Describe the various types of child abuse and identify the symptoms of each. (Options 5 and 7)

## OVERVIEW/SUMMARY:

Abuse is intentional physical, mental, or emotional hurt to a person. Child abuse is a tragic and very serious problem in our society. It affects people of all races, religions, cultures, and economic status. It is vital that we take measures to end this violence. Many factors, including child abuse, may cause stress in children's lives. These factors may include divorce or separation, poverty, moving, prolonged illness, pressure to achieve, difficulties in school, death in the family, working parents, new siblings, peer pressure, or family members with special needs. Children who are experiencing high levels of stress may have difficulty learning to interact appropriately. Children need help in coping with these crises in their lives.

## MOTIVATOR:

Have the students take the "STRESS TEST FOR CHILDREN." Have the students pretend they are children. As each item is read, have the students place a mark next to any applicable experiences they have had during the past year. Then use the "STRESS TEST FOR CHILDREN--KEY" transparency and have them total their scores. As a class, discuss where they are on the scale. Sress can have serious effects on children.

## LESSON OPTIONS/SUPPLIES:

OPTION 1
BOOK: The Quilt Story, ISBN #0-590-43890-5, The Good Stepmother, The Homeless Hybernating Bear, Never Talk to Strangers, For Every Child a Better World, Now One Foot, Now the Other.

OPTION 2--Competencies 1 and 2
CHILDHOOD STRESS: The teacher should present the information "CHILDHOOD STRESS" to the class.

OPTION 3--Competencies 1 and 2
STRESSORS: Using resources available in the classroom, assign small groups of students a childhood stressor to research. (TEACHER NOTE: You will have to provide resource materials to aid students in this presentation.) Have students present the stressor to the class, discussing the short-term and long-term effects of the stressor. They should also identify methods of coping and dealing with the stressor. Stressors may include:

divorce or separation
poverty
moving
prolonged illness
pressure to achieve
school difficulties
pressure to achieve
competition
death
working parents
new siblings
peer pressure
physical neglect
emotional neglect
family members with special needs

OPTION 4--Competency 3
GUEST SPEAKER: Invite an expert on child abuse (physiologist, counselor, social worker, etc.) to talk about child abuse, the types of abuse, symptoms, and resources available to parents and children involved in child abuse. Be sure to include what they should do if they believe child abuse is occurring.

OPTION 5--Competency 4
ABUSE: Present the information "Abuse."

OPTION 6--Competencies 1 and 3
BAG LUNCHES: Complete the activity as explained in "BAG LUNCHES."

OPTION 7--Competency 4
VIDEO: Show an appropriate video on child abuse. There are many excellent videos available; check with the Family Support Center or other local agencies. Some suggestions:

"Come in from the Storm" series (20 minutes each):
1. The China Doll (emotional abuse--divorce)
2. The Diary (physical abuse)
3. The Necklace (sexual abuse)

"Rachel and Marla" (physical and emotional abuse)

**RESOURCES:**

"Come in from the Storm" series
    Teen Entertainment Education
    7777 Alvarado Rd., Suite 113
    LaMesa, California 92041
    (619) 698-9567

"Rachel and Marla"
    MTI/Coronet
    1-800-777-8100
    $325, 24 minutes

The Hurried Child--Growing Up Too Fast, Too Soon"
    David Elkind
    ISBN: 0-201-03967-2

TEACHER NOTE: You may wish to utilize the following resources to aid you in providing material for student's research in Option #1. These resources may also have suitable videos and films you could show your class.

    County Human Services Department
    Family Support Center
    Local hospital community education department
    County Child Abuse Prevention Council
    School district special services department
    March of Dimes
    Articles from magazines
    Pediatricians
    Social Services

Key Facts About Children in Utah
    757 E South Temple, Suite 150
    SLC, Utah 84102
    Fax #364-1186
    Phone # 364-1182

"Teach Your Children How to Protect Themselves"
    Transcript from Oprah
    1-800-777-8398
    Fax # 1-201-992-9303
    $4 each

Name ______________________________ Hour __________

# STRESS TEST FOR CHILDREN

We've known for a long, long time that too much stress in our lives can cause behavior and health problems in both children and adults. A child's stress level can be charted by giving a score to the stress item that the child has recently experienced. The scale is an estimate of the impact of various changes in a child's life. Pretend that you are a child. Place a check next to each of the following experiences you have had this past year.

__________ 1. One of your parents dies.
__________ 2. Your parents get a divorce.
__________ 3. Your parents separate.
__________ 4. Your parents travel as part of their jobs.
__________ 5. A close family member dies.
__________ 6. You feel a lot of pressure for grades and honors.
__________ 7. You have aersonal illness or injury.
__________ 8. Your parent remarries.
__________ 9. Your parent is fired from his/her job.
__________ 10. Your parents reconcile (get back together).
__________ 11. Your mother goes to work.
__________ 12. There is a change in the health of a family member.
__________ 13. Your mother becomes pregnant.
__________ 14. You have difficulties in school.
__________ 15. You get a new baby in your home.
__________ 16. You get a new teacher or class at school.
__________ 17. There are changes in your family's financial condition.
__________ 18. One of your close friends has an injury or illness.
__________ 19. You begin a new activity such as music lessons or scouts.
__________ 20. The number of fights you have with your siblings changes.
__________ 21. You are threatened by violence at school.
__________ 22. Some of your personal possessions are stolen.
__________ 23. Your responsibilities at home are changed.
__________ 24. Your older brother or sister leaves home.
__________ 25. You have trouble with your grandparents.

__________ 26. You receive an outstanding personal achievement.
__________ 27. You move to another city or location.
__________ 28. You move to another part of town or city.
__________ 29. You receive or lose a pet.
__________ 30. You change your personal habits.
__________ 31. You have trouble with your teacher.
__________ 32. The hours you spend with a babysitter or at day care center are changed.
__________ 33. You move to a new house.
__________ 34. You change schools.
__________ 35. You change your play habits.
__________ 36. You go on vacation with your family.
__________ 37. You have a change in friends.
__________ 38. You attend summer school.
__________ 39. You change sleeping habits.
__________ 40. There is a change in your family get-togethers.
__________ 41. Your eating habits change.
__________ 42. You change how much television you watch.
__________ 43. You have a birthday party.
__________ 44. You are punished for not telling the truth.

This stress test for children is adapted from
"The Hurried Child: Growing Up Too Fast Too Soon," by David Elkind.
Adapted by Stanley Wonderly

# STRESS TEST FOR CHILDREN--KEY

1. Parent dies--100 points
2. Parents divorce--73 points
3. Parents separate--65 points
4. Parents travel as part of job--63 points
5. Close family member dies--63 points
6. Undue pressure for grades and honors--63 points
7. Personal illness of injury--53 points
8. Parent remarries--50 points
9. Parent fired from job--47 points
10. Parents reconcile--45 points
11. Mother goes to work--45 points
12. Change in health of a family member--44 points
13. Mother becomes pregnant--40 points
14. School difficulties--39 points
15. Birth of a sibling--39 points
16. School readjustment (new teacher or class)--39 points
17. Changes in family's financial condition--38 points
18. Injury or illness of a close friend--37 points
19. Starts a new or changes an activity--36 points
20. Changes in number of fights with siblings--35 points
21. Threatened by violence at school--31 points
22. Theft of personal possessions--30 points
23. Changes in responsibilities at home--29 points
24. Older brother or sister leaves home--29 points
25. Trouble with grandparents--29 points
26. Outstanding personal achievement--28 points
27. Moved to another city or location--26 points
28. Moved to another part of town or city--26 points
29. Receives or loses a pet--25 points
30. Changes in personal habits--24 points
31. Trouble with teacher--24 points
32. Changing hours with babysitter or at day care center--20 points
33. Moves to new house--20 points
34. Changes to a new school--20 points
35. Changes play habits--19 points
36. Vacation with family --19 points
37. Changes friends--19 points
38. Attends summer school--17 points
39. Changes sleeping habits--16 points
40. Changes in family get-together--15 points
41. Changes eating habits--15 points
42. Changes in amount of TV viewing--13 points
43. Birthday party--13 points
44. Punished for not telling the truth--11 points

**With a score below 150, a child has a low stress level and is doing great.**

**With a score of 150-300, a child has higher than average stress and may show some symptoms of stress.**

**If the score is 300 or above, there is a strong likelihood your child is experiencing too much stress, which can cause behavior problems or health problems.**

This stress test for children is adapted from
"The Hurried Child: Growing Up Too Fast Too Soon," by David Elkind.
Adapted by Stanley Wonderly.

# CHILDHOOD STRESS

Many experts are becoming concerned with the growing amount of stress. There are, in fact, many factors causing stress to be heaped on children today. These factors include the high divorce rate, increased desire of parents to have successful children, increase in dual-career families, desire to educate children at an earlier age, the media confronting children with all facets of sexuality at an early age, the high crime rate in our society, and society pushing children to achieve.

The immigrant children of past generations were required to work hard for long hours each day. This was considered to be stressful to children. However, even more stressful are the parental responsibilities that many children today now face. These parental responsibilities are a result of parents not being at home, or in some cases, the parent is at home but so tied up in their own problems and circumstances that the child is forced to parent the parent. Whatever the situation may be, these parental responsibilities are extremely stressful to the child and may cause severe stress reactions physically, mentally, emotionally, and socially in the child.

A child's reaction to stress may include restlessness, irritability, an inability to concentrate, behavior disorders, headaches, stomachaches, loss of appetite, unexplained fears, sadness, loss of temper, aggressive behavior, drop in grades, depression, and drug and alcohol abuse. Stress can cause a child to feel less positive self-worth and may lower self-esteem. A child may exhibit mood changes, loss of energy, nail biting, or nervousness.

Methods of dealing with stress in children are similar to methods used by adults in dealing with stress. These include getting appropriate exercise, eating nutritionally, and enjoying hobbies. Parents can aid their children in dealing with stresses by helping them to manage their lives. Help children to allow plenty of leisure time for themselves and to eliminate some of the competition in their lives. Parents should evaluate the pressure that they place on the child to achieve and possibly eliminate some of this undue pressure. Children can be taught to relax and to talk out their worries with a parent or counselor. In addition, children can be taught acceptable means of dealing with anger. It is important that a child receives adequate sleep. Parents should evaluate the schedules and demands placed on of the child, identifying areas that could be improved.

# ABUSE

If you have had a guest speaker talk to your class, this information may have already been presented. You may choose to present only the information not covered by the speaker. Check local resources to get the latest statistics available.

In Utah, child abuse is defined as any harm or threatened harm to a child's health or welfare that is nonaccidental.

Abuse often occurs where the family is isolated from the outside support of friends or extended family members. Each of us has risk factors that put us at risk for becoming abusive. We have no control over some risk factors, but we can reduce or eliminate many other factors. Some factors are:

1. Abused or neglected as a child.
2. Substance use and/or abuse.
3. Few friends or close ties.
4. Low self-image.
5. Unrealistic expectations of children and their abilities.
6. Little knowledge of children's basic needs or growth and development.
7. Need to blame others or find a scapegoat for problems.
8. Inability to accept children as individuals who have talents and unique traits.
9. Inability to handle pressure and stressful situations.
10. Harsh erratic discipline style.
11. Single parenting.

Let students brainstorm ways that they can reduce their own risk for becoming an abusive parent.

There are four types of child abuse: physical abuse, child neglect, sexual abuse, and mental injury.

**PHYSICAL ABUSE AND CHILD NEGLECT:**
Physical abuse includes shaking, beating, burning, and failure to provide the necessities of life (neglect). More that three children a day die from physical abuse and neglect that is reported. It is believed that as many as 5,000 children actually die each year from abuse or neglect. Sixty to 70 percent of these deaths happen to children under 2 1/2 years of age.

The death rate among infants is higher because they are more vulnerable and are unable to run away from angry parents. In fact, half of all babies who die within their first year of life are murdered by their parents.

Eighty percent of all physical abuse is from "spanking." Twenty-five to 42 percent of parents spank babies under six months of age. Fifty percent spank children under one year of age, and 87 percent spank children under two years of age.

## SEXUAL ABUSE:

Child sexual abuse cases have increased 343 percent in the past five years in Utah. Sexual abuse is the most underreported form of child maltreatment. In fact, only one in ten incidences are reported. A victim of incest is not likely to report it to authorities. It is believed that by age 18, one out of three females have experienced some form of sexual abuse while one out of five males have experienced some form of sexual abuse.

Child sexual abuse may be nonphysical, physical, or violent. Nonphysical incidents include indecent exposure, obscene phone calls, or peeping toms. Physical incidences may include genital or oral stimulation, fondling, or sexual intercourse. Violent incidents include forcible rape, beatings, sodomy (anal or oral intercourse), or other physical abuses of a sexual nature. Incidents may occur just once or may be repeated many times.

The majority of all sexual abuses are committed by someone the child know and trusts. Half of all abusers are under age 31. A person who sexually abuses has severe sexual problems and difficulty relating to other adults. The abuser who is a familiar person many begin sexual abuse as an impulse. It may be a response to some unusually stress, such as marital or personal relationship troubles, and can develop into serious sexual disorders.

There are three ways in which the abuser usually tries to control the victim. The first method is coercion. The abuser will try using the power to authority to get the child to go along with the situation. Sometimes the abuser will manipulate the child into "playing a fun game" that results in unwanted physical contact. The abuser may bribe the child with favors, gifts, or candy for the desired behavior.

Sexual abuse includes incest. Incest is sexual activity between family members. This may range from fondling to actual intercourse. Usually a father or stepfather (or father figure) is involved. However, incest between mother and son, father and son, or brother and sister may also occur. Victims range in age from infancy through the teen years.

Child pornography is also included in child sexual abuse. It usually involves the use of children in pornographic magazines, moves, etc. Some victims are offered to pornographers by their parents for a profit. Others may be runaways who have no other way to survive. Many children become involved unknowingly. Child pornography often leads to prostitution. It is degrading and can emotionally scar children.

To help prevent child sexual abuse, teach children how to protect themselves. Teach them to be in charge of their own bodies and help them to understand that no one has the right to touch their body without their permission. Help them to be wary of strangers and not believe or trust them. Teach them not to play alone or use public restrooms alone. Teach them how to deal with phone calls and people at the door when they are home alone. They need to be taught to say "no" and to run away from questionable situations. Help them to feel comfortable in talking to you about any uncomfortable situation they experience and to know that you will believe them.

**MENTAL INJURY:**
Mental injury may include verbal abuse (demeaning, yelling, belittling, or teasing) and emotional abuse (failure to provide warmth, attention, supervision, and normal living experiences.) Emotional abuse has more long-term effects than physical abuse. Words can hit as hard as a fist. It is maltreatment that results in impaired psychological growth and development.

Mental injury may include rejection; intimidation or humiliation of the child; chaotic, bizarre, or hostile acts producing fear or guilt in the child; lack of nurturing, intimacy of affection, and acceptance; actions that damage the child's intellectual or psychological functioning.

All types of child abuse can happen ANYWHERE. It is not limited to any social or economic group. The United States has the most domestic violence of any country in the world. Child abuse happens often. It is estimated that as many as a million cases of abuse or neglect occur each year.

The effects of child abuse are severe. Emotional or physical handicaps may be lifelong. Injuries inflicted in childhood may result in permanent crippling or deformity. Emotionally, the child may never be able to love and trust other people. Abused children spend their entire lifetimes with a poor self-image.

Often, child abuse will cause victims to exhibit "acting out" behavior. They can exhibit criminal or violent behavior; they may become antisocial or become behavior problems at school or at work.

Sometimes child abuse results in death. Parents who habitually abuse their children may very well end up killing them. Hundreds of such cases happen every year.

What causes parents to abuse their own children? Most frequently, it is a reaction to stresses or problems that they cannot cope with. One stress that they may not be able to cope with is immaturity. Very young, insecure parents may not understand the child's behavior and needs. Unrealistic expectations are another possible cause.

Parents may expect children to behave beyond their capability. For example, a parent may think that a 13-month-old child should be potty trained or that a 2-year-old should behave as an adult. This may result in child abuse that can actually impede the child's normal development and cause the parent to become even further frustrated.

Social isolation may also lead to child abuse. Parents may have no friends or family members to turn to for help or temporary relief from the heavy demands of small children. All parents need a short break every now and then to pull themselves together, unwind, and prepare to go back into the action.

Lack of parenting knowledge may also cause a parent to resort to child abuse. Parents who do not know and understand the stages of child development may not deal well with them. Parents who do not know how to use positive guidance methods may turn to spanking and punitive punishment methods, which frequently develop into abuse. The parents may not have successful family models from which to learn these skills.

The parents' own unmet emotional needs may be the root of child abuse. Parents who do not relate well to other adults may expect their children to take care of them, to satisfy their need for love, affection, protection, and self-esteem.

In many instances, the abusive parent was an abused child him/herself. Having been mistreated as a child, the parent may have a very low self-image, causing the parent to become abusive, or the parent may think that the abuse is "normal" and expected. In difficult situations, they may react the way they have seen their own parents react. Because of this, child abuse if very cyclical in families.

Frequent crisis in a family may also be a cause of child abuse. Stress caused from financial problems, job problems, legal hassles, illnesses, etc., may cause a parent to strike out at a child. The child, who has no control over these problems, becomes the parents' scapegoat.

Drug and alcohol use and abuse may also lead to abuse of children by limiting the parent's ability to care properly for children. These substances also inhibit the parent's judgment, causing him/her to do things that he/she would not normally do. It is believed that 80 to 90 percent of all child abuse cases involve some type of substance abuse.

It is important to keep in mind that every parent has the potential to abuse a child at some time. As a parent, if you feel stress and anger that you are unable to deal with, get help. Call a sitter or get friends or family members to help you with the children while you leave and get a break. After you have gained control, then go back to the children. Be aware of your "breaking point" and take steps to deal the situation before you lose control. A young single mother living with a boyfriend is most likely to become an abuser. Forty-five percent of these women abuse their children. Twenty-eight percent of children are abused by the boyfriend. Children living in this type of situation are five times more likely to be abused. Babysitters are responsible for 28 percent of the maltreatment cases.

There are many resources available to help abusive parents. These include child protective services, child abuse hotlines, social service agency, family counseling services, the police department, family support center, child abuse prevention council, and CAPSA organizations. These are all local (city and county) agencies. In addition, there are national organization that can also be sources of help. They include Parents Anonymous, Children's Division of the American Humane Association, Child Welfare League, and the National Center for Prevention and Treatment of Child Abuse. You may also check your local resources for a Parent Education Center that provides parenting education and help in developing appropriate guidance, discipline, and parenting techniques.

Watch for signs of child abuse in other families. Child abuse is curable if it is identified and appropriate action is taken. Common signs of child abuse include repeated injuries, neglected appearance, disruptive behavior, passive or withdrawn behavior, and "super-critical" parents or families that are extremely isolated. Remember that every parent makes errors in judgment at some time. However, when these errors become a pattern or occur frequently, then the family needs help. It is each individual's legal responsibility to report any suspected child abuse to the legal authorities.

## BAG LUNCHES

Divide the class into small groups or families. The number of families should correspond with the number of bags you have prepared. Each family should choose parents and children, a recorder, and a spokesperson.

The bags should be identical. Use large bags so that the contents are not identifiable. Students are not allowed to touch the bags or pick them up before selecting a bag. Let each family choose a bag. Inform the families that inside their bag is a typical dinner at their home. Allow the families time to eat their dinner.

The recorder records the names of family members and how each member feels.

After the families have finished eating, the spokesperson from each family tells the class how the family feels. As a class, discuss the implication of this activity. Include ideas and feelings of how children who have been neglected might feel. Discuss the impact on a child's social behavior, self-esteem, attitude, educational ability, etc.

Contents of bags:

1. Nothing
2. 1 bag of cookies
3. 1 bag of potato chips, 1 liter of soda pop, cups, and a coupon to get ice from the teacher.
4. 1 jar of peanut butter, 1 jar of jelly, 1 loaf of bread, 1 table knife, napkins.
5. 1 sharp knife, paper plates, napkins, 1 pancake turner, and a coupon to get a pizza from the teacher.

TEACHER NOTE: If your class is large, you may wish to prepare additional bags. If you teach more than one section, rotate the contents in the bags from class to class so that students do not know what is in the bags.

**UNIT:** Decisions That Affect Children **LESSON:** Parenting Resources
**TIME:** 1-2 days

**COMPETENCIES:**

1. Assess different types of resources available to parents to help them learn effective methods of parenting (e.g., parenting magazines, parent support groups, parenting videos, classes, books, etc.). (Options 2, 4, and 5)
2. Determine the focus and purposes of child support agencies. (Option 3)
3. Identify local resources available for parent and/or child assistance. (Options 3, 4, and 5)

**OVERVIEW/SUMMARY:**

Parenting is an extremely important and difficult responsibility. Our society does not provide adequate training and preparation for this area of our lives. However, there are many resources available to aid parents in learning these skills and dealing with problems found in families.

**MOTIVATOR:**

Invite a representative from a local PERC or other parent resource center to talk about the services and resources that he/she has available to aid parents in their responsibilities.

**LESSON OPTIONS/SUPPLIES:**

OPTION 1
BOOK: Any book dealing with a helping agency: doctors, social services, family support center, extended family, etc.

OPTION 2--Competency 1
READING: Using various parenting magazines available in the classroom, assign students to read two parenting articles from two different magazines. Summarize the article and evaluate the effectiveness of that particular article in aiding parents. Select a few students to share one of their article reviews with the class.

OPTION 3--Competencies 2 and 3
FIELD TRIP: Take a field trip to your community's family support center. Make certain that someone is available to talk to the class about the purpose of the center, what resources are available to help parents, who they serve, and to give them a tour of the facility.

OPTION 4--Competencies 1 and 3
CASE STUDIES: Working in partners or small groups, give each group a case study. Have them read the case study and then research what resources are available in your community to aid the parents in that situation. Instruct them to list as many resources as possible and to identify exactly what is available and how they would provide help for the parents.

OPTION 5--Competencies 1 and 3
OBSERVATION: Assign students to investigate one resource for parents and to report to the class. They should identify the group's focus or purpose (credo), services it provides and any other pertinent information. Some groups you may wish to assign include ALANON, Alcoholics Anonymous, Narcotics Anonymous, Catholic Charities, Emotions Anonymous, Family Support Center, Child Abuse Prevention Council, Parents Without Partners, Planned Parenthood, Overeaters Anonymous, Adult Children of Alcoholics, Gamblers Anonymous, Social Services, etc.

# CASE STUDIES

## CASE STUDY #1

You are a single mother with one nine-month-old baby. You are 19 years old, going to school full time, and working part time. It is difficult to find good child care and you do not have enough money to provide adequately for your baby.

## CASE STUDY #2

You are the proud parents of three children. Your oldest child is a boy, just turning 14 years old. When he was younger, it was easy to care for him. Now that he is older he is very difficult. He is rude to you, has been skipping school, and is doing many things of which you do not approve. You cannot handle him and do not know what to do.

## CASE STUDY #3

You grew up in an abusive home. If you ever did anything wrong, you were spanked soundly. You do not want to spank your children, but whenever they do anything wrong, it is the only thing you can think of to do.

## CASE STUDY #4

You and your spouse have just given birth to a beautiful baby girl. You are thrilled, but neither you nor your spouse has been around babies, and you both feel very frightened and awkward. You do not feel capable of caring for this infant.

## CASE STUDY #5

You are a single parent to three very lively little boys. You are able to provide for them financially. However, your job is very stressful and when you arrive home, you are at wit's end. You have no patience with the children and find yourself lashing out at them. You do not like this situation, but you do not know how to change it.

## CASE STUDY #6

You and your spouse have four children. One of your children is having a lot of difficulty at home and at school. This child seems to have too much energy, is difficult to handle, and still wets the bed at nine years of age.

## CASE STUDY #7

Because of infertility problems, you have one 10-year-old and a new baby. The ten-year-old is extremely jealous of the baby. You do not dare leave them alone because you have caught the 10-year-old trying to hurt the baby.

CASE STUDY #8
As a parent, you feel like a failure. You have five children and do not feel like you have control over any of them, except the baby. They are failing in school, and the two oldest have run away on many occasions.

CASE STUDY #9
You are a single parent and have worked very hard to provide for your two children. Now that they are older, they are left alone at home after school for a few hours until you get home from work. A week ago, you found a drawer full of pornographic magazines in one child's dresser. Now you have found that your child was with another neighbor's child of the opposite sex touching each other's genitals.

CASE STUDY #10
Your first child is very mild mannered and easy going. Your second child has had a bad temper since infancy. This child becomes enraged, throws anything within reach, kicks, hits, screams, and throws a tantrum.

CASE STUDY #11
You have reason to believe that your formerly obedient teenager is involved with drugs and alcohol. The teenager has become rebellious and you have noticed a marked change in behavior. At midterms, you received several failing notices. This child used to be a good student. You do not like the friends this child is hanging around with, and both you and your spouse have found money missing from your wallets.

CASE STUDY #12
Your 8-year-old child has begun talking back to you and treating you very rudely. The child is very disobedient and refuses to listen to you. You feel helpless.

CASE STUDY #13
Your middle child, age 13, has no friends. This child seems very unhappy, just moping around the house and constantly watching television. You have inquired about friends and suggested having friends over, but this child seems totally antisocial and uninterested in developing any friendships at all.

CASE STUDY #14
You seem to be unable to discipline your children. It just breaks your heart to tell them no or to punish them at all. If you ever raise your voice to them, you feel guilty for days. Consequently, the children run the house and are making the decisions. Your spouse has had enough of this and is threatening to leave if things do not change.

CASE STUDY #15
As a parent, you are obsessed with cleanliness. Your children must be spotless and look perfect at all times or you feel yourself losing love for them and are unable to be affectionate to them.

CASE STUDY #16
You are always frightened that something will happen to your children. You do not let them out of your sight and cannot let them try anything new that might pose a risk to them. You cannot stand to even see them scrape a knee.

CASE STUDY #17
You just cannot deal with your children until you've had a drink. They are not bad kids, you just cannot cope with them without a little help. Sometimes you drink a little too much and then find yourself becoming abusive. Afterwards, you feel so guilty that you have to have another drink to wash away the guilt. You know the kids do not like you to drink, but you are not a good parent if you do not drink.

CASE STUDY #18
You have trouble controlling your anger. Whenever the children misbehave, you go crazy. You hit the children frequently. Last week you punched a hole in the wall. You always feel badly about your behavior afterwards, but you do not seem to be able to change it.

CHILD CARE LAB TEACHER INFORMATION:
In the Child Development course, it is suggested that the teacher provide a lab experience for the students. The length of the lab will depend on the facilities available and the length of the Child Development course. If Child Care I is a course offered within the department, careful coordination and articulation will need to take place in the lab experience. Even a short lab experience can strengthen the guidance and parenting skills covered in Child Development and can often encourage students to enroll in the Child Care I course. If Child Care I is not offered at your school, it is vital that the students have a lab experience within this course.

Students are typically divided into teaching groups. A group can consist of 3-6 students, and the class may have 4-6 groups, depending on class size. A rotation schedule is then followed so that each group will have the opportunity to teach in the lab. The other days of rotation are then used for preparation, planning, observation, evaluation, and independent activities.

| | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 |
|---|---|---|---|---|---|
| 1 | Teach | Observe | Plan and Evaluate | Activities | Activities |
| 2 | Activities | Teach | Activities | Plan and Evaluate | Observe |
| 3 | Activities | Activities | Teach | Plan and Evaluate | Observe |
| 4 | Observe | Activities | Activities | Teach | Plan and Evaluate |
| 5 | Activities | Activities | Observe | Plan and Evaluate* | Teach |

* Evaluation for this group must be done outside of class or on the next rotation.

This rotation may then be repeated once or twice more, depending on the available class days and the number of groups.

# TRIMESTER SCHEDULE

Mondays will be preparation, lecture, and guest speaker days when the preschool begins.

| WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 |
|---|---|---|---|
| IN-CLASS PREPARATION | | | A-TEACH<br>B-PLAN/OBSERVE<br>C-ELEMENTARY |
| **WEEK 5** | **WEEK 6** | **WEEK 7** | **WEEK 8** |
| B-TEACH<br>C-PLAN/OBSERVE<br>A-ELEMENTARY | C-TEACH<br>A-PLAN/OBSERVE<br>B-ELEMENTARY | A-TEACH<br>B-PLAN/OBSERVE<br>C-ELEMENTARY | B-TEACH<br>C-PLAN/OBSERVE<br>A-ELEMENTARY |
| **WEEK 9** | **WEEK 10** | **WEEK 11** | **WEEK 12** |
| C-TEACH<br>A-PLAN/OBSERVE<br>B-ELEMENTARY | A-TEACH<br>B-PLAN/OBSERVE<br>C-ELEMENTARY | B-TEACH<br>C-PLAN/OBSERVE<br>A-ELEMENTARY | C-TEACH<br>A-PLAN/OBSERVE<br>B-ELEMENTARY |
| **WEEK 13** | | | |
| SUM UP AND CLEAN | | | |

**UNIT:** Child Care Lab **LESSON:** Child Care Lab Introduction

## COMPETENCIES:

1. Students will explain the purpose of a preschool. (Option 1)
2. Students will identify responsibilities of a lead teacher and a support teacher. (Option 2)
3. Students will list behaviors that are helpful when working with children. (Options 3 and 4)
4. Students will observe children in a child care setting and evaluate the activities in which they participate. (Options 5 and 6)

## OVERVIEW/SUMMARY:

There are many components involved in running a preschool laboratory. A preschool is not the same as babysitting. Much preparation and work must be completed before children are allowed to come to the preschool.

## MOTIVATOR:

Have the students go on a treasure hunt to locate the basic items that will be used in the preschool (use the worksheet "Treasure Hunt").

## LESSON OPTIONS/SUPPLIES:

OPTION 1--Competency 1
PURPOSE OF THE PRESCHOOL: Review the information given in the teacher information "Purpose of the Preschool." Have the class members brainstorm general goals that a preschool program might establish. Share the written goals of the preschool program at your school with the students.

OPTION 2--Competency 2--**CDA V, 12**
TEACHER ROLES AND RESPONSIBILITIES: Review the basic responsibilities of the lead and support teacher (see teacher information). Have students complete the chart "Teacher Roles" as you are teaching this information.

OPTION 3--Competency 3--**CDA VI, 13**
HELPFUL HINTS: Give each student a copy of the "Helpful Hints for Working With Children" and review the ideas that make working with children more productive.

OPTION 4--Competency 3--**CDA VI, 13**
PRESCHOOL GUIDELINES: Review the "Preschool Guidelines" to be followed in the preschool.

OPTION 5--Competency 4--**CDA VII, Observation**
OBSERVATIONS: Have students complete the observation packet that explains the purpose and steps involved in observing children. Relate back to the lesson on the theorists and explain that they made their findings by observing children in much the same way as class members will make observations.

OPTION 6--Competency 4--**CDA VI, 13**
EVALUATION: Have the students evaluate various activities classroom, using the form, "Preschool Evaluation." Discuss the evaluations as a class.

Name ______________________________ Hour __________

## TREASURE HUNT

INSTRUCTIONS: Find the location of each item and write the specific location in the space provided.

1. aprons ______________________________
2. art supplies ______________________________
3. balls ______________________________
4. bathroom ______________________________
5. bean bags ______________________________
6. board games ______________________________
7. bookshelf ______________________________
8. calendar ______________________________
9. cookie sheets and trays ______________________________
10. dishtowels ______________________________
11. dolls ______________________________
12. dress-up clothes ______________________________
13. food supplies ______________________________
14. refrigerator______________________________
15. glue ______________________________
16. microwave ______________________________
17. mixing bowls ______________________________
18. musical instruments ______________________________
19. name tags ______________________________
20. paints ______________________________
21. puppets ______________________________
22. puzzles ______________________________
23. sand/grass play area ______________________________
24. scissors ______________________________
25. shape sorters ______________________________
26. sponges and cleaning supplies ______________________________
27. tape player ______________________________
28. tapes/records ______________________________
29. trough (sensory table) ______________________________
30. trucks, cars, etc. ______________________________

# PURPOSE OF THE PRESCHOOL

An overall goal of a preschool program is one that can be fulfilled through many types of experiences. Goals need to consider the variables of the particular school such as overall philosophy, type of children in the program, physical facilities, and finances. The daily activities of a preschool program should help achieve one or more of the overall program goals.

Some goals you may wish to consider are:

1. Help children develop a good self-image.
2. Help children understand the five senses.
3. Help children develop their personalities.
4. Help children grow intellectually.
5. Help children learn to express themselves.
6. Help children learn independence.
7. Help children learn socialization skills.
8. Provide children with experiences they may not have at home.
9. Provide hands-on experiences for the children whenever possible.
10. Build a healthy relationship between the preschool and the home.

Adapted from A Child Goes Forth, Barbara J. Taylor, Chapter 1, BYU Press, ISBN #0-8425-1704-9

# TEACHER ROLES AND RESPONSIBILITIES

There are two basic teaching roles in a preschool: the lead teacher and the support teacher. For example, one person might be assigned as a head teacher with one or two other teacher aides. These roles can interchange or alternate from day to day so that a teacher's aide may fill the lead teacher role while the head teacher and other aides are acting as the supporting teacher(s). A lead teacher takes the initial responsibility in planning what activities are going to take place during the day. The lead teacher is also responsible for the pace of the activities. The lead teacher should be ahead of all others in transitions. For example, while the children and other teachers are cleaning up, the lead teacher will go to the rug area to organize materials and then begin a fingerplay or song transition as the first children arrive in that area.

Support teachers have an obligation to make the lead teacher look like a "super star." This can happen when support teachers make suggestions at the planning sessions or fulfill assignments of preparing activities designated by the lead teacher. A support teacher works directly with the children during group time to assist them in finding their places and getting involved in the activity. A lead teacher should never have to break into a discussion or story to quiet a child or settle some other confusion. The support teacher should deal with such situations. The support teacher should know fingerplays and songs so that he/she can assist the children and the lead teacher.

After the children leave, it is the responsibility of both the lead teacher and support teacher to clean up and evaluate the day's activities. It is the lead teacher's responsibility to make sure these tasks are completed. If a formal evaluation session is held, the lead teacher should be in charge. If an informal evaluation occurs, it is the lead teacher's responsibility to record the suggestions for next time.

Basically, a lead teacher does more organizing and administering the preschool program than do the support teachers. However, the teachers share responsibilities about equally. One teacher leads out in planning and carrying out the planned activities. The other teacher(s) takes a supportive role(s). Great things happen when teacher roles are fulfilled.

Have students complete the "Teacher Roles" chart as you discuss this information.

RESPONSIBILITIES OF THE LEAD TEACHER:

1. Actually develops the lesson plan.
2. Keeps track of each child.
3. Conducts evaluation session.
4. Arranges room and selects materials to be used each day.
5. Is first to each new activity.
6. Communicates with children.
7. Coordinates with support teachers to make certain they know what is expected of them.

RESPONSIBILITIES OF THE SUPPORT TEACHER:

1. Assists in planning.
2. Keeps track of each child.
3. Answers children's questions and helps with children's requests.
4. Takes part in evaluation sessions.
5. Helps with room setup
6. Assists children with cleanup.
7. Supervises children during activities.
8. Participates with children.
9. Resolves behavior problems that might occur during activities.
10. Helps arrange room and outside play area.
11. Helps children prepare to leave.
12. Learns songs, fingerplays, etc., so he/she can take part in activities.

Name ______________________________ Hour __________

## TEACHER ROLES

| | LEAD TEACHER | SUPPORT TEACHER |
|---|---|---|
| PREPARATION: Responsibilities before the children arrive | | |
| ACTIVITIES: Responsibilities while working with children | | |
| CLEANUP/ EVALUATION: Responsibilities after children leave | | |

# HELPFUL HINTS FOR WORKING WITH CHILDREN

1. Dress in clothes that can be easily cleaned.
2. Be happy and friendly.
3. Always know how many children are in the group. Count them from time to time to see that they are all there.
4. Stay where you can see the total group.
5. Never leave the children alone.
6. Talk to the children on their level--physically and mentally.
7. Be positive in what you say to children.
8. Give one direction at a time in words the children can understand.
9. Give children time to follow directions.
10. Be alert to the behavior and needs of the children.
11. Watch and wait until you see that your help is really needed.
12. Show children how to do things if they do not understand your spoken directions.
13. Help children finish one activity before they start another.
14. If children dawdle, help them by guiding them with your hands.
15. Quietly but firmly separate children who are having trouble getting along.
16. Be consistent.
17. Remember that praise is more effective than blame.
18. Give as few commands as possible.
19. Give a child a choice only when you really intend to leave the decision up to him/her.
20. Avoid making comparisons between children.
21. Accept all children as they are. Do not favor some and neglect others.
22. Make each child feel important.
23. Give all children equal opportunities to participate.
24. Laugh with a child but not at him/her.
25. Do not punish a child publicly. Do not use threats or bribes to get the child to behave.
26. Say "no" when you MUST, then do not give in when the child cries or begs.
27. Use a sense of humor.
28. Do not "take it out on the child" if you are nervous, worried, ill, or in a bad mood.
29. Allow the child to be a child. Do not expect adult behaviors.
30. The children's needs come first!
31. Discuss the behavior of the children ONLY with the class or the teacher, not with other friends or other classes.
32. If you are ill, avoid contact with the children.
33. Give the children your complete attention. Do not talk with other students, do work for other classes, write letters, comb hair, etc.

## PRESCHOOL GUIDELINES

1. Students will sign in and out on the time sheet or computer.
2. Students will wash hands:
    - upon entering classroom
    - upon leaving classroom
    - after diapering a toddler
    - before handling any food
    - upon removing nose waste from any child
3. Students will wear rubber gloves when:
    - changing any child's diaper
    - attending to any type of bodily fluid (blood, etc.)
4. Students will take children out of the preschool only with the supervision of an adult.
5. If a student needs to leave the room for any reason, it must be cleared by his/her teacher.
6. No candy, pop, or gum in the preschool.
7. Students will come into the preschool ONLY during assigned work time. Students may not visit during other times of the day.
8. Do not bring or invite friends into the preschool.
9. Check your schedule or assignment sheets regularly.
10. When working with children, check with the teacher to see if there is any updated information from each child's parents.
11. You are welcome to use the information and books that are in the preschool room, but do not remove them from the room. We need them for the preschool.
12. Clean up after yourself and help the children do the same.
13. Use appropriate rewards for positive behavior, redirection for negative behavior, and on occasion, follow timeout rules.
14. Dress appropriately. Wear clothing that is comfortable and not limiting. Please be modest in action, dress, and speech.

If you follow these rules, you will be a success in this center.

Ways to encourage a child's learning in the preschool:

1. Actively listen and respond to each child.
2. Call each child by name.
3. Be consistent in guidance techniques.
4. Help each child accept responsibility for personal care.
5. Accept and respect each child.
6. Communicate on an appropriate level.
7. Display and praise each child's work.
8. Acknowledge each child's arrival and departure.
9. Encourage the children to ask questions.
10. Provide an appropriate language model.
11. Support and accept each child's creativeness.
12. Encourage cooperative behavior.

# OBSERVATIONS

To observe is to analyze and interpret the physical, social, emotional, and intellectual activities in which a child participates. This can be done by:

1. Completing an observation sheet.
2. Explaining the childrens' actions.
3. Explaining the feelings that are displayed or expressed by the child.
4. Observing the speech and actions of the children.

An observer stays in the background and does not encourage interaction with children.

Observation material must be treated confidentially. You will be expected to participate in class discussions concerning these observations but should not discuss them outside of the classroom.

There are six types of observation sheets. Two should be completed and turned in each day:

1. Getting acquainted
2. Physical development
3. Guidance
4. Emotional development
5. Social development
6. Use of creative materials

Name ______________________________ Hour ____________

Date of observation ______________________________

## GETTING ACQUAINTED WITH THE SITUATION

During your first observation, you will see what preschool children are like. You will also see how the teacher and the school make it possible for this age group to grow, develop, and learn.

1. In the first five minutes of your observation, draw the floor plan of the classroom. Label the toys and equipment you draw.

2. Describe four ways you saw children feeling comfortable, content, and happy.
   a.
   b.
   c.
   d.

3. List five items you see children playing with. Identify whether more girls or more boys are playing with each particular toy.
   a.
   b.
   c.
   d.
   e.

4. Close your eyes for two minutes. What are the sounds you hear most often?

5. Describe three ways you saw children being independent and taking on responsibility.
   a.
   b.
   c.

6. List two activities started by the children.
   a.
   b.

7. List two activities started by the adults.
   a.
   b.

Name ______________________________ Hour ____________

Date of observation ______________________________________

## PHYSICAL DEVELOPMENT

During this observation, you will look for differences in growth in children. You will see wide differences in the physical development of the children. Although they are about the same age, they are very different in size. Some are taller, heavier, and broader than others, and some have bigger bones. Their muscular development show in the way they use their bodies and handle materials.

1. Select two children who are different in body builds. Describe differences in how they look and what they did.
   Name of child #1 ____________ Name of child #2 ______________

2. List six toys or pieces of play-school equipment that encouraged the children to use their large muscles. How does this activity help them to grow physically?
   a.
   b.
   c.
   d.
   e.
   f.

3. Describe six ways you saw children using smaller, finer muscles. How does this activity help them to grow physically?
   a.
   b.
   c.
   d.
   e.
   f.

4. Were the children comfortable in using their
   a. large body muscles
   b. smaller body muscles

5. Watch one child for five minutes. How long was he/she quiet? Describe the different movements he/she made. What can you say of the ability of a child this age to keep quiet? How should you plan schedules for children in terms of their needs for activity and rest?

Name ______________________________ Hour ____________

Date of observation ______________________________

# GUIDANCE

Parents and teachers are very important to a growing child. The world will be a happy, secure place for him/her if he/she is comfortable and has warm, friendly relationships with adults, both at home and at school. NOT ONLY DO CHILDREN NEED ADULTS TO ACCEPT THEM AND LOVE THEM AS THEY ARE, BUT THEY NEED ADULTS WHO SET LIMITS IN THEIR ACTIVITIES AND WHO ARE CONSISTENT IN RELATIONSHIPS WITH THEM. Children need help and guidance at home and at school.

1. Describe two ways you see children showing affection and friendliness.
   a. For the teacher:

   b. For the other children:

2. Explain a situation where the teacher showed fairness and set limits on a child's activities.

   a. Did the child cooperate?
   b. What did the child do?

3. List three directions given by the teacher to the children. In each case, how did the children respond?
   a.
   b.
   c.

4. List three ways the teacher encouraged the children to use materials/equipment.
   a.
   b.
   c.

5. List two ways the teacher encouraged the children to clean up.
   a.
   b.

6. Describe two instances of how the teacher introduced an activity. How did he/she get the children to cooperate?
   a.
   b.

Name ______________________________ Hour ____________

Date of observation ______________________________

# EMOTIONAL DEVELOPMENT

Emotions may be positive or negative. During this observation, you will look for expressions of feelings. Feelings influence a child's behavior and are important to his/her personality development. Some feelings are pleasant, others are unpleasant. Children show how they feel emotions in different ways. If a child is angry, he/she may scream, kick, throw his/her body around, cry, pout, sulk, hit refuse to cooperate, etc. If he/she is afraid, he/she may cry, run away, cling to an adult, refuse to try, etc. He/she expresses affection and love by caressing, staying close by, protecting another, sharing, showing consideration, etc.

1. Describe six different ways you saw children expressing feelings by completing the chart below:

| Name of child | What did he/she do? | Name the emotion | Why did he/she do it? |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

2. Identify which of the ten feelings you described above interfered with
   a. the group as a whole
   b. other children
   c. the child's own well-being
   Be specific in describing what you observe in each situation.

3. Give three examples of an adult helping a child control an emotional expression that interfered with the group's well-being.
   a.
   b.
   c.

Name ______________________________ Hour ____________

Date of observation ______________________________

# SOCIAL DEVELOPMENT

During this observation, you will see children working and playing together. Children need opportunities to learn to work and play with children their own age. This is called "social development." Since there are both adults and children in the lab, children have experiences in building friendly attitudes toward adults as well as children. This may be a child's first experience with other children. He/she may feel strange and may not participate at first. Another child may be ready to play only with adults. Others may play with other children immediately. With whom a child plays depends on his/her age, interests, and experiences he/she has had with other children. A child has many things to learn. He/she must come to realize that personal freedom must not interfere with other people or destroy materials in the classroom.

1. Name and describe one child who plays well with the other children.

   Why does he/she seem to get along with others?

2. Name and describe children who tend to play alone?

   What do they do when they are alone?

3. Identify a group of two or more children playing together.
   a. What were they doing and playing?
   b. How long did the play last?
   c. What materials were they using?
   d. What did they say?
   e. How did they share materials?
   f. What broke up the play?

4. List two ways the children needed to ask for adult help in their play.
   a.
   b.

5. Name and describe the behavior of a child who could not get along with other children.

   How did the other children react?

OPTION 5, page 6--CHILD CARE LAB--INTRODUCTION STUDENT

Name ______________________________ Hour ____________

Date of observation ______________________________

## CREATIVE EXPRESSION--ART ACTIVITY

Creative activities can build the child's self-esteem. He/she usually feels good about his/her individuality and accomplishing a project. Children should feel free to express individuality, to develop new skills, and to solve problems on their own.

Basic levels or artistic ability are:
a. Scribble stage b. Basic forms (circles, squares, etc.) c. First drawing stage

1. What was the art or creative activity you observed?

2. Observe two children using a creative material. Answer the following questions for each child.

CHILD #1 ____________________ CHILD #2 ____________________

| | |
|---|---|
| A. What did the child do and say? | |
| | |
| B. How did the child feel about beginning the experience? | |
| | |
| C. Did he/she make a recognizable item? | |
| | |
| D. What level of artistic development was he/she in? | |
| | |
| E. How did he/she feel about the finished product? | |
| | |
| F. Did the child show emotions related to the experience? | |
| | |
| G. Do the children seem free to express themselves in activities other than creative materials (music, science, games, physical activities, etc.). Give examples. | |

Name ______________________________ Hour ____________

Date of evaluation ______________________________

# PRESCHOOL EVALUATION

THEME:

Name of group members:

| | |
|---|---|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Who is in charge of each activity? Rate how successful the activity was (1=poor, 5=excellent) and add comments.

LARGE GROUP LEADER: ______________________________

Things that went well: Areas for improvement:

STORY: ______________________________

Things that went well: Areas for improvement:

MUSIC: ______________________________

Things that went well: Areas for improvement:

LARGE MOTOR: ______________________________

Things that went well: Areas for improvement:

ART: ______________________________

Things that went well: Areas for improvement:

SENSORY TABLE: ______________________________

Things that went well: Areas for improvement:

OPTION 6, page 2--CHILD CARE LAB--INTRODUCTION STUDENT

Please rate each of the following areas from 1 to 5 and make appropriate comments.
1=poor 2=needs improvement 3=adequate 4=good 5=excellent

| | | POOR | | | | EXCELLENT |
|---|---|---|---|---|---|---|
| 1. | Were materials and equipment prepared ahead of time? | 1 | 2 | 3 | 4 | 5 |
| 2. | Were the activities planned to utilize the subject for the day? | 1 | 2 | 3 | 4 | 5 |
| 3. | Were all of the student teachers aware of their duties? | 1 | 2 | 3 | 4 | 5 |
| 4. | Were the objectives accomplished? | 1 | 2 | 3 | 4 | 5 |
| 5. | Were the teachers flexible and able to meet the needs of the children? | 1 | 2 | 3 | 4 | 5 |
| 6. | Were the activities suitable to the developmental level of most of the children? | 1 | 2 | 3 | 4 | 5 |
| 7. | Were teachers prepared to move from one activity to the next? | 1 | 2 | 3 | 4 | 5 |
| 8. | Were the children prepared for transitions? | 1 | 2 | 3 | 4 | 5 |
| 9. | How well did teachers interact with the children? | 1 | 2 | 3 | 4 | 5 |
| 10. | Did the children enjoy the activities? | 1 | 2 | 3 | 4 | 5 |

ADDITIONAL COMMENTS?

**UNIT:** Child Care Lab **LESSON:** Learning Centers/Room Arrangement

## COMPETENCIES:

1. Identify and explain the various types of learning centers used in a preschool. (Option 1)
2. Observe and evaluate the learning centers used at a preschool. (Option 4)
3. Explain the importance of room arrangement in a preschool. (Option 2)
4. Observe and evaluate the room arrangement in a preschool. (Options 3 and 6)

## OVERVIEW/SUMMARY:

Learning centers are the basic tool that makes a preschool work. If you tried to entertain all the children by doing the same thing, it would turn into chaos. Learning centers provide children with various stimulus to learn and grow.

## MOTIVATOR:

To make the learning centers relate with one another, a theme for the day or week should be chosen. Divide the class into small groups. Have each group brainstorm ideas of themes that could be used. Compile the list and give it to the class. (Some ideas are animals, birds, clothing, color, the community, community helpers, days of the week, families, food, growing things, health and cleanliness, holidays, homes, machines, music, opposites, safety, science, seasons, shapes, sound, time, transportation, and weather.)

## LESSON OPTIONS/SUPPLIES:

TEACHER NOTE: If you are teaching all of the following options, you will probably want to combine Options 3 and 5. This way students can complete both observations at the same time.

OPTION 1--Competency 1--**CDA I, 3-Space**
ACTIVITY OR LEARNING CENTERS: Explain the teacher information "Activity or Learning Centers." Divide the class into groups and have each group create a new learning center. Share their ideas with the class.

OPTION 2--Competency 3--**CDA I, 3-Space**
ROOM ARRANGEMENT OVERVIEW: Using the transparency "Room Arrangement," review the basic rules and suggestions of room arrangement. Have students complete their own room arrangement using the handout, "My Preschool."

OPTION 3--Competency 4
MAP: Provide a map of the lab in which the students will be working. Have the students label the appropriate learning areas.

OPTION 4--Competency 2
OBSERVATION: Visit a local preschool lab and identify the learning areas by drawing a map of the preschool.

OPTION 6--Competency 4
OBSERVATION: Visit a local preschool lab and evaluate the room arrangement for its effectiveness (use "Room Arrangement Evaluation Form").

## RESOURCES:

The Creative Curriculum for Early Childhood, by Diane Trister Dodge,
ISBN 0-934362-27-0

# ACTIVITY OR LEARNING CENTERS

Most preschool rooms are designed with common activity or interest centers or areas of the room. Whenever possible, areas of the room should relate with the theme of the week. For example, if the theme is "fish," the block area could be converted into a large fishing pond and the blocks set up as the bank of the pond. Fish with paper clips attached could be in the end, and the children could use fishing pole magnets to catch them. An aquarium could be used as an interest center. Additional ideas could include live fish in the trough, bulletin boards on fish, and tasting different fish.

Remember--you do not want to include every area in your room every week if you have a small room! Be wise in your choice of areas, what you put in them, and how you set them up!

1. OUTSIDE PLAY AREA: This area will be determined by your facility and what is available. Many preschools have permanent pieces of playground equipment such as domes, slides, or climbing apparatuses. If you are just starting a preschool and do not have money for outside play equipment, you may want to consider such items as a large tractor inner tube for the children to jump on or modular gym systems that can also be used indoors and can be set up in a variety of ways.

2. LARGE MUSCLE AREA: This area includes equipment for large muscle development. In large rooms, a dome climber or jungle gym are ideal and moveable. They can be used in different areas of the room. Other ideas for a large muscle area include balance beams, slides, or indoor jumping trampoline.

3. DRAMATIC PLAY AREA: This area is a place where children can act out family life and imaginary experiences. The housekeeping center will usually contain equipment that allows children to pretend they are in a home setting. A play stove, refrigerator, table and chairs, cupboards, play dishes, a full length mirror, dress-up clothes, and doll equipment may be found in the housekeeping area. There are many other possibilities for the dramatic play area: restaurants, beauty and barbershops, puppet stage, etc.

4. SENSORY PLAY AREA: Your classroom may have a trough, tubs, or other possibilities for setting up sensory media (media the children explore with their senses). Such media might be water, sand, clay, cereal, rice, styrofoam pieces, IBM punches, etc. Depending on the media, you may want to include such tools as funnels, bottles, shovels, scoops, cups, beaters, etc.

5. CREATIVE ARTS AREA: This area may be an easel or a setup at tables. The media might be paint, paste, glue, play dough, or any variety of activities. When art activities are set up as a learning center in the room, they are used during freeplay by those children choosing to participate as opposed to an activity during the day when all children are invited to participate and do so at the same time.

6. BLOCK AREA: This area is often close to or a part of the large muscle area. Many preschool classrooms are large enough to have both large and small unit blocks; however, smaller classrooms usually have only the small unit blocks. Manipulative and creative toys such as small cars, farm animals, zoo animals, or people figures are often used along with blocks to stimulate block play.

7. SCIENCE AREA: A science area is often part of the preschool classroom. If the unit theme is "color," different color activities, such as color mixing, could be set up in the science center. The science area may simply be a table with things to explore. For example, one week rocks and magnifying glasses could be set out. Displays and simple experiments may be found in the science area, and they should focus on helping the children explore the world around them.

8. STORY OR QUIET AREA: This area is a place to explore the world through books. The quiet area will probably include bookshelves for storage and a selection of books. This area should have either tables and chairs or a rug for children to sit on. Many preschool classrooms have a large rug in the story and quiet area. This is also used for the children to come together for stories, singing, and discussions.

9. MUSIC AREA: This area is where children can listen to music, sing, play musical instruments, or perform creative dances. This area should be carpeted or have a rug on the floor. A cassette tape or record player should be available with appropriate tapes or records. In addition, on occasion, rhythm instruments should be available.

10. MANIPULATIVE PLAY AREA: This area is where children can use such items as small blocks, pegboards, puzzles, number games, etc. Shelves should be used for display, and tables and chairs should be nearby for the children to take their selections for play.

# ROOM ARRANGEMENT

The room arrangement has a powerful effect on the behavior of the teachers and the children. The arrangement also influences how the children will act and learn. If you want the children to act orderly, the room must represent order. If you want the children to be happy, the room must be a welcome place to be. The following guidelines will help you establish an appropriate preschool environment.

1. EQUIPMENT/MATERIALS: Equipment and materials must be "child size." Pictures and bulletin boards should be at the child's eye level. Coat hooks, cupboards, shelves, and toys must also be at their level. This will make the children more comfortable and safe. Make certain that each piece of equipment and materials have a purpose and meaning. You may ask yourself, "Why am I using this," or "What am I trying to accomplish?" If you cannot answer these questions, do not use the equipment.

2. ORGANIZATION: The room must be organized and uncluttered. It is very difficult to work in a messy, cluttered room. To keep the classroom organized, only put out part of the toys at a time. For example, if you have six puzzles, only put out two puzzles at the same time. How would you like to sort the pieces to all six puzzles at once? In addition, keep the learning centers separate from one another. Blocks should be kept in the block area and puzzles in the puzzle area. (Label the backs of each puzzle with a different letter. For example, place an "a" on each piece of one puzzle, and "G" on each piece of another puzzle. If the room is organized when the children arrive, they will quickly learn where things belong and remember where to put materials away.

3. ROOM ARRANGEMENT: When planning a room arrangement, remember the traffic flow. Do not leave long running spaces in the room. Plan your learning areas to avoid this arrangement. Learning areas, such as painting or art, need to be close to a sink or clean-up area. Think logically while planning your room arrangement. Keep quiet areas close together and noisy areas by other noisy areas.

4. APPEARANCE: The preschool classroom should be clean, neat, and cheerful. Cleanliness is a law, neatness enhances learning, and colors provide a cheerful atmosphere that children enjoy.

5. SKILL DEVELOPMENT: Organize your room so that children will be able to keep the room organized. This will help them learn classifying, categorizing, and matching skills. You may wish to trace patterns for toys and place them on the shelf. The children must then match the shape of the toy to the shape on the paper when putting the toy away.

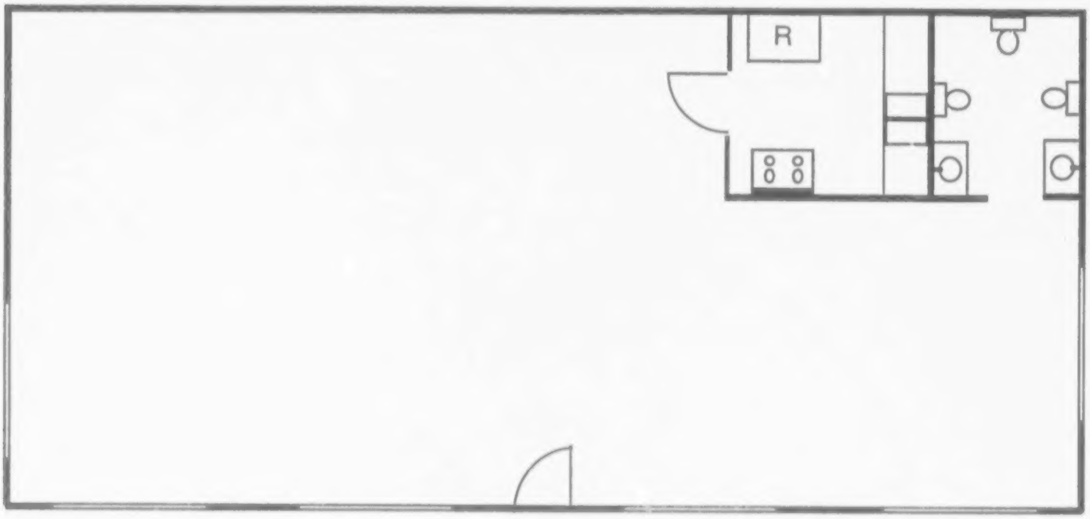
6. VISIBILITY: The teacher must be able to see and supervise all areas of the room. Tall cabinets and shelves should be placed against the wall. Shorter cabinets and shelves may be used as dividers within the room.

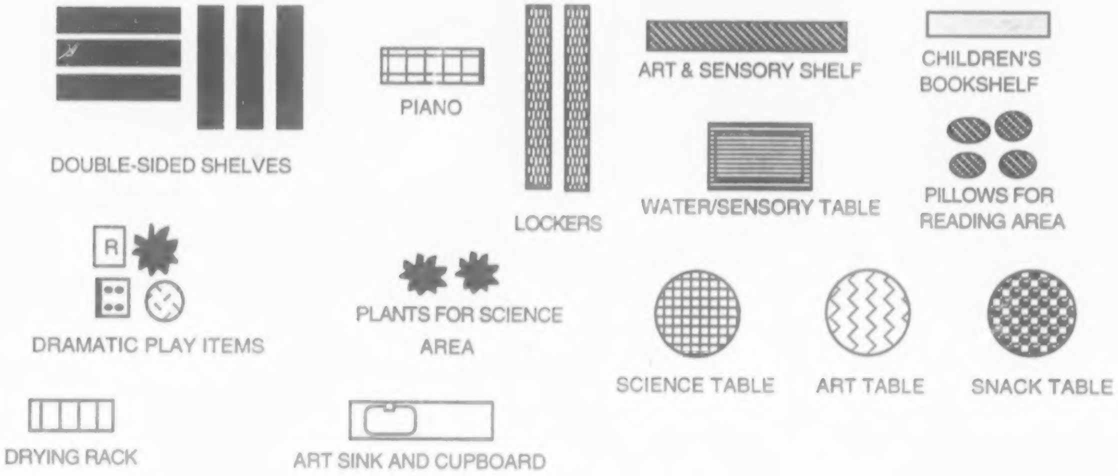
7. STORAGE: Make certain that you have a place for each item in the classroom. You may need containers of water to put paint brushes into after use so they will not harden and be ruined. Is there a place for the children's personal belongings? How will you care for the children's artwork?

8. MOBILITY: Rotate and change areas and materials often. Children will tire quickly if the same materials are always in the classroom. Make wise use of the equipment and supplies you have by rotating learning centers often.

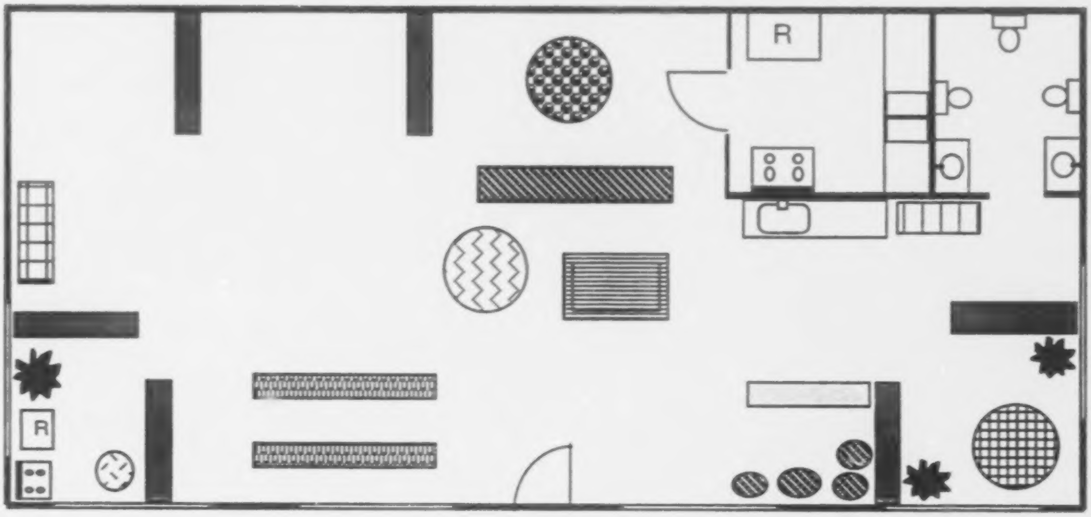
Name ______________________________ Hour ______________

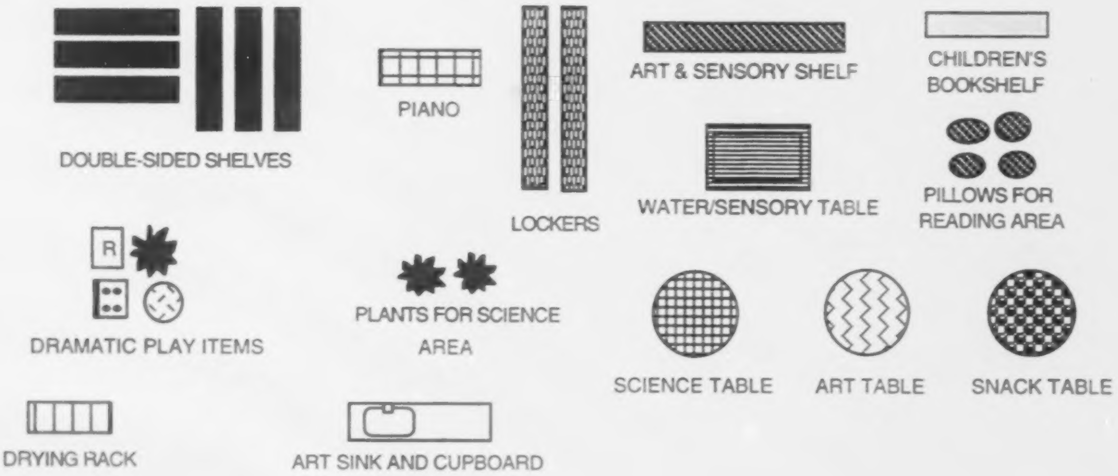
# PRESCHOOL LAYOUT--WORKSHEET




DOUBLE-SIDED SHELVES
PIANO
LOCKERS
ART & SENSORY SHELF
CHILDREN'S BOOKSHELF
WATER/SENSORY TABLE
PILLOWS FOR READING AREA
R
DRAMATIC PLAY ITEMS
PLANTS FOR SCIENCE AREA
SCIENCE TABLE
ART TABLE
SNACK TABLE
DRYING RACK
ART SINK AND CUPBOARD

# PRESCHOOL LAYOUT--KEY




DOUBLE-SIDED SHELVES
PIANO
LOCKERS
ART & SENSORY SHELF
CHILDREN'S BOOKSHELF
WATER/SENSORY TABLE
PILLOWS FOR READING AREA
R
DRAMATIC PLAY ITEMS
PLANTS FOR SCIENCE AREA
SCIENCE TABLE
ART TABLE
SNACK TABLE
DRYING RACK
ART SINK AND CUPBOARD

Name ______________________________ Hour ____________

# ROOM ARRANGEMENT EVALUATION FORM

Visit and evaluate a preschool lab using the chart below.

| | | Needs improvement | | | | Excellent |
|---|---|---|---|---|---|---|
| 1. | EQUIPMENT/MATERIALS | 1 | 2 | 3 | 4 | 5 |
| 2. | ORGANIZATION | 1 | 2 | 3 | 4 | 5 |
| 3. | ROOM ARRANGEMENT | 1 | 2 | 3 | 4 | 5 |
| 4. | APPEARANCE | 1 | 2 | 3 | 4 | 5 |
| 5. | SKILL DEVELOPMENT | 1 | 2 | 3 | 4 | 5 |
| 6. | VISIBILITY | 1 | 2 | 3 | 4 | 5 |
| 7. | STORAGE | 1 | 2 | 3 | 4 | 5 |
| 8. | MOBILITY | 1 | 2 | 3 | 4 | 5 |

Explain how you would improve this preschool room.

**UNIT:** Child Care Lab **LESSON:** Lesson Plans

## COMPETENCIES:

1. Discuss the necessity of lesson planning. (Options 1 and 2)
2. Develop a lesson plan for the classroom. (Options 2 and 6)
3. Identify curriculum areas that should be included in a daily schedule. (Option 3)
4. Demonstrate how to develop a scope and sequence. (Option 4)
5. Observe a classroom to see how the teacher implements a scope and sequence as well as a lesson plan. (Option 5)

## OVERVIEW/SUMMARY:

Careful planning of activities and daily routines enables caregivers to organize their thoughts in a constructive manner to stimulate learning in young children. Goals for the group and the individual child must be considered when preparing lesson plans. All areas of development (physical, social, emotional, and intellectual) must be included within the plan. A variety of stimulating activities can be arranged to allow maximum participation on the part of the children. Firsthand knowledge is accomplished by using the senses for learning. Choosing a theme or unit of study that is interesting to the children is the next priority. Use the scope and sequence method to organize your thoughts. Begin to develop activities in the specific curriculum areas.

## MOTIVATOR:

CASE STUDIES--Read the case studies. Discuss the necessity of preparing a lesson plan when working with children. Children need imagination, exploration, and creativity. In order for these areas to be emphasized and challenging to children, a teacher must be well prepared. (See "Case Studies--Teacher Information.")

## LESSON OPTIONS/SUPPLIES:

OPTION 1--Competency 1--**CDA V, 12**
LESSON PLANS DISCUSSION: Discuss the importance of writing lesson plans using the information "Writing Lesson Plans" and the transparency "Developmental Goals". Discuss how to write a lesson plan.

OPTION 2--Competencies 1 and 2
INTERVIEW: Have each student interview a preschool teacher, using the "Interview" form. After the interviews, discuss the answers as a class. You may wish to tally the results and see if there is any common advice offered by these teachers.

OPTION 3--Competency 3
BRAINSTORMING ACTIVITIES: Using a simple concept, have the students brainstorm as many activities as possible that can be used in the following areas: stories, fingerplays, songs, games, creative art activities, field trips, resource people, nutritious treats, food experiences, learning centers.

OPTION 4--Competency 4--**CDA V, 12**
SCOPE AND SEQUENCE: Using the "Scope and Sequence" transparency, explain how to use a scope and sequence. Assign students a specific theme and have them plan a simple scope and sequence for one week using the form, "Scope and Sequence."

OPTION 5--Competency 5
CLASSROOM VISIT: Visit a preschool or day care classroom and observe a teacher using a lesson plan, then complete the worksheet, "Classroom Visit." Is the lesson plan posted? Does there appear to be organization or structure to the class? Are the learning centers reinforcing the lesson plan? Are the classroom bulletin boards pertinent to the theme?

OPTION 6--Competency 2
WRITING LESSON PLANS: Have the students write a lesson plan. The teacher may determine the length of the lesson plan to meet the needs of their preschool facility. You may wish to use the transparencies "Lesson Plan Formats" and "Transportation Lesson Plan," or you may give students a copy of a lesson plan, using the format you want the students to use. Let the students share their lesson plans with the class.

## RESOURCES:

Kids in the Kitchen, By Nellie Edge, ISBN# 0-9181-4618-6
Peninsula Publishg Inc.
P.O. Box 412
Port Angeles, Washington 98362

More than Graham Crackers, ISBN# 0-9126-7469-5
National Association for the Education of Young Children #316
1834 Connecticut Ave., NW
Washington, D.C. 20009-5786
1-800-424-2460

## CASE STUDIES

#1--It is very difficult for Mrs. Jones to get to work on time. She teaches preschool because she didn't enjoy the preparation involved in teaching first grade. As she arrived at work, there were many children and their parents waiting outside the locked door. She gave them a friendly greeting, telling the parents they were dismissed and that she had everything completely under control. As everyone entered the classroom, it was obvious that Mrs. Jones had done no preparation for class that day. The chairs were still on the tables and the toys were all neatly stored in a locked cabinet. The children began running wildly around the room. After yelling at the children until her voice was hoarse, she finally got their attention. She asked them to help get the chairs off the tables and help her get organized. While they were getting the chairs down, she quickly dashed to the toy cabinet and grabbed a few toys for the children to play with. As she returned to the table, everyone began fighting over the toys and complaining that they wanted something to do. Mrs. Jones felt frustrated.

#2--Miss Smith loves teaching preschool. She is proud of her ability to teach children and worked all summer writing lesson plans that would positively influence the children's lives. She always arrives at her classroom 30 minutes before the students. She makes certain the room is light and cheerful and that the chairs are placed around the tables in an organized fashion. She then places the appropriate toys on the tables so the children will become involved immediately as they arrive. She loves to greet the children and their parents each morning. Her day runs smoothly, and she enjoys her job very much.

# WRITING LESSON PLANS

The lesson plan is a very important part of working in a preschool. It will require time outside of class. Please plan on spending adequate time. The lesson plan is your outline for what will be done in the classroom on the day you are head teacher. If you have a complete, well-planned lesson plan, your lab will go much more smoothly. There is no set format for the lesson plan; however, it must be well organized and easy to read. This is a sample of a format that works very well for most teachers. (Show Transparency--"Lesson Plan Format")

1. Why write lesson plans? Lesson plans:
    a. Encourage learning about oneself and others.
    b. Organize the thoughts, activities, and interests of young children to create a more enjoyable and successful environment.
    c. Provide learning opportunity with clearly defined goals.
    e. Help meet the needs of children in your care.
    e. Make sure children have a balance of inside and outside activities.
    f. Provide the children the opportunity to participate in a variety of activities.

2. What topics should be used in working with children?
    a. Choose themes (subjects or topics) or units of study that interest the children with whom you are working.
    b. Keep the unit of study close to the child's comprehension level yet challenge their cognitive skills.
    c. Allow children to learn through their senses (sight, touch, sound, hearing, and taste). It is the easiest and most enjoyable method for teaching children. Read the following case study:

        Mr. Sims wanted his preschool class to share in the joy he had while visiting a zoo. He began to describe the animals to the children. As he talked, the children quickly lost interest. They could not understand his descriptions of the various animals.

        Discuss how the senses could have been more involved.
        1. He could have shown bright pictures of the animals.
        2. He could have arranged for a visit to the zoo.
        3. He could play recordings and let the children try to identify the animals.
        4. He could bring stuffed animals and let the children discuss the difference between a stuffed animal and a live animal.
    d. Using a concept file is very worthwhile. By creating such a file, they have already chosen topics to teach and have developed ideas that will stretch the imaginations of the children with whom they work.

3. How to organize a lesson plan.
    a. When choosing a theme or unit of study, consider the time of year, the interests of the children, and their level of comprehension.
    b. Include the following areas into your lesson plan.
        arts
        crafts
        science
        spatial awareness
        social studies
        math
        large and small motor
        creative movement
        nutrition
        music
    c. The theme must be organized into a lesson plan that enhances the developmental areas. Trying to identify all this information into a concise format may seem monumental. Keep in mind several activities may be included into large subject areas. Use the transparency "Developmental Goals."

4. Steps in writing a lesson plan.
    a. Have a daily schedule of events or time frame established to teach each curriculum area.
    b. Determine overall learning goals for students; what type of learning is to occur.
    c. Establish a unit of study or theme.
    d. Define important topics or goals relative to that unit.
    e. Research interesting yet challenging activities to enhance growth and development and to meet goals.
    f. Determine the best way to present the activities to the children.
        1. Small group: children are divided into groups of four or five and each group does the same activity.
        2. Whole group: the children all meet together, perhaps for the introduction of the concept.
        3. Rotating small groups: children are divided into groups of four or five. Each group does something different. The groups rotate to each activity until they have had the opportunity to participate at all stations.
        4. Learning centers: the children are allowed to choose the center they desire to participate in and may change any time they want to do so.
        5. Transitions: a method of smoothly moving the children from one activity to the next.
        6. Field Trips: take the children to an actual site and let them see firsthand what you are discussing in class.

5. Styles of lesson plans.
    a. Calendar method--This method is simple and concise. It depicts the learning of the day. Caregivers can keep this calendar in a lesson book or post it on a bulletin board for parents.
    b. Daily lesson plan. Show students samples of daily lesson plans. Review the steps in writing a lesson plan as you refer to these sample lesson plans.

# DEVELOPMENTAL GOALS

| | Social | Emotional | Physical | Intellectual |
|---|---|---|---|---|
| Morning greeting and health check | X | -- | X | -- |
| Group sharing | X | X | -- | X |
| Outside time | X | X | X | X |
| Music | X | -- | X | X |
| Nature walk around neighborhood | X | X | X | X |
| Hygiene | -- | -- | X | X |
| Snack or meal | X | -- | X | X |
| Arts and crafts | -- | -- | X | X |
| Naps | -- | X | X | -- |
| Manipulative play | X | X | X | X |
| Concept games | X | -- | -- | X |
| Field trips | X | -- | -- | X |

Name ______________________________ Class __________________

## INTERVIEW

Interview a preschool teacher you know is an effective teacher. Have him/her answer at least the following questions, but ask any additional questions you may have.

1. How long have you been teaching?
2. Do you have an assigned curriculum or do you write your own lesson plans?
3. How do you organize your day?
4. How far in advance do you write your lesson plans?
5. How does using a lesson plan help you be a more effective teacher?
6. Could I have a copy of one of your lesson plans?
7. What advice would you give to a person wanting to become a preschool teacher?
8. Does your lesson plan deal with discipline at all? How do you discipline the students?

## SCOPE AND SEQUENCE

General topic: TRANSPORTATION

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| THEME:<br>Boats | THEME:<br>Cars and Trucks | THEME:<br>Buses | THEME:<br>Walking | THEME:<br>Trains |
| ACTIVITIES:<br>**Songs:** "Row, Row, Row Your Boat:<br>**Learning Centers:**<br>Water play<br>Puzzles<br>Make boats<br>**Story:** "Scruffy, the Tugboat" | ACTIVITIES:<br>**Songs:** "Riding in the Car"<br>**Learning Centers:**<br>Paint a car<br>Puzzles<br>Box cars<br>**Story:** "Cars and Trucks" | ACTIVITIES:<br>**Songs:** "The Wheels on the Bus"<br>**Learning Centers:**<br>Ride a bus<br>Puzzles<br>**Story:** "The Big Yellow Bus" | ACTIVITIES:<br>**Songs:** "I Have Two Feet"<br>**Learning Centers:**<br>Nature walk<br>Puzzles<br>Tracing feet<br>**Story:** "Let's Go for a Walk" | ACTIVITIES:<br>**Songs:** "I've Been Workin' on the Railroad"<br>**Learning Centers:**<br>Filmstrip<br>Puzzles<br>Train Bulletin Board<br>**Story:** "The Little Engine That Could" |

OPTION 4--LESSON PLANS STUDENT

Name ______________________________ Class ______________

## SCOPE AND SEQUENCE

General topic: ______________________________

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| THEME: | THEME: | THEME: | THEME: | THEME: |
| ACTIVITIES:<br>**Songs:**<br>**Learning Centers:**<br>**Story:** | ACTIVITIES:<br>**Songs:**<br>**Learning Centers:**<br>**Story:** | ACTIVITIES:<br>**Songs:**<br>**Learning Centers:**<br>**Story:** | ACTIVITIES:<br>**Songs:**<br>**Learning Centers:**<br>**Story:** | ACTIVITIES:<br>**Songs:**<br>**Learning Centers:**<br>**Story:** |

Name ______________________________ Class ____________________

# CLASSROOM VISIT

1. What is the theme for today at this preschool?
2. What kinds of toys are the children playing with?
3. How many teachers are with the group?
4. What is the name of the story?
5. How many children are paying attention?
6. How is the story being told?
7. What is the general attitude of the children?
8. What concept are they trying to teach the children today?
9. In what ways are the teachers trying to teach the children independence?
10. What examples of homemade toys do you see?
11. What is your reaction to the outdoor play area?
12. What are the favorite toys?
13. After observing this preschool, suggest six things you would like to implement when you are a teacher.
14. Draw a simple diagram of the room arrangement.
15. For as long as possible, observe one particular child and write a short case study about him or her. What is this child like?
16. Would you like a child of your own to attend this preschool? Why?
17. How was this visit beneficial to you?
18. What things impressed you the most about this preschool? Why?

# PRESCHOOL LESSON PLAN

Date:

Head Teacher:
Support Teachers:

Theme topic:

## 9:00-9:30 a.m. LARGE GROUP AND THEME PRESENTATION

ACTIVITY:

TEACHER:

TRANSITION:

OPENING:
- Pledge of Allegiance:
- Weather:
- Day, Month:
- Song:

THEME CONCEPTS: (Attach outlined information)

WAYS TO INCLUDE ALL CHILDREN:

NEW TERMS OR WORDS:

THEME WRAP UP:

9:30-9:35 a.m. TRANSITION

## 9:35-9:55 a.m. SKILL DEVELOPMENT ACTIVITY

ACTIVITY:

TEACHER:

MONDAY-MATH TUESDAY-ART WEDNESDAY-SCIENCE THURSDAY-ART FRIDAY-LANGUAGE

INSTRUCTIONS:

WHAT SKILLS WILL BE ENHANCED?

MATERIALS NEEDED:

9:55-10:00 a.m. TRANSITION

10:00-10:20 a.m. GROSS MOTOR ACTIVITY: TEACHER:

PLACE:

ACTIVITY:

INSTRUCTIONS:

MATERIALS NEEDED:

10:20-10:30 a.m. STORY TIME: TEACHER:

STORY:

MATERIALS NEEDED:

LUNCH PREPARATION

EVALUATION:

WHAT WENT WELL?

IF YOU WERE TO TEACH THESE ACTIVITIES AGAIN WHAT WOULD YOU DO DIFFERENTLY?

# TRANSPORTATION LESSON PLAN

Overall Goals:

1. To help the children explore many different types of transportation.
2. To help the children learn about all the different jobs that are available in transportation and the duties of each one.
3. To add to and stimulate the child's language.
4. To allow the children to express their feelings through music.
5. To encourage creativity.
6. To help children learn to identify different forms of transportation and the purpose of each type.
7. To experience many different types of transportation through different activities.
8. To provide a fun, enjoyable learning experience.

MONDAY: Boats
Goals:

1. To learn about many different types of boats.
2. To learn about the purposes of buoys.
3. To learn about the crew of a boat.
4. To experience the use of earphones.
5. To provide the children with the opportunity to make a boat of their own.

SCHEDULE OF ACTIVITIES:

8:30 The children will be greeted and brought to the room in groups of five. The first two groups in the room will paint their suitcases. The other groups will make banana boats.

ROTATING SMALL GROUPS:
SUITCASES: These suitcases will be used for tomorrow's activities. Teachers should write the child's name inside the shoe box. The suitcases should be placed on top of the lockers to dry after they are painted. Each child should wear an apron while painting his/her suitcase. After painting the suitcases, sing "Row, Row, Row Your Boat" or "Over the Deep Blue Sea."

BANANA BOATS: Each child will be given half a banana. They will peel the banana and cut it in half, lengthwise. They will place their split banana on tinfoil. They will then put marshmallows and chocolate chips down the center of the banana. Talk to the children about the boat they are making. They should then wrap their banana boat in the foil.

8:55 TRANSITION:
Captain Hook will blow a whistle when it is time to rotate groups.

9:10 WHOLE GROUP:
Sing "Row, Row, Row Your Boat" and Over the Deep Blue Sea" until everyone is settled at the rug. Actions may be used to increase participation.

When the children are all settled at the rug, one of the teachers will come into the room, dressed like a buoy and singing "Ball Buoy." The buoy will tell the children about its job and also about the crew of a boat. Other teachers will then come in behind pictures of boats and tell what the boat they represent does and describe how it looks and how it feels to ride in that type of boat.

The buoy will then tell the class the story of "Tony, The Tugboat."

If time permits, the buoy will lead the group in a round of "Row, Row, Row Your Boat."

9:30 TRANSITION:
The buoy will touch each child on the head. When they are touched and tell the buoy where they want to go, they are free to explore the learning centers.

LEARNING CENTERS:

BOAT PUZZLES: Each child will be given an envelope containing five or six different pieces to a puzzle. When they have put the puzzle together, they may glue it to a piece of paper. There will be one puzzle of each type of boat already put together so they can see what they are working toward. Discuss the types of boats they are putting together.

WAVE PAINTING: The children can make waves on the table with whipped Ivory Flakes. After they have made their design, the teacher can help the child put the design on paper. Talk about how waves can help or hinder a boat.

CARVE CUCUMBER BOATS: Each child desiring to participate will be given one-half of a cucumber and a spoon. They will then carve out the inside of their cucumber. A flag made out of a toothpick and colored paper will be provided for each child. They can write their name on one side and make a flag on the other. After completing their boats, they can float them in the trough. (Do not peel the skins off the cucumbers or they will sink.)

SCRUFFY, THE TUGBOAT: The children will be able to listen to the story with earphones. While they are listening, a teacher will turn the pages of the book.

10:00 DISMISS: Help students gather their belongings and find their rides home.

CLEAN UP: Complete assigned clean-up tasks. (See transparency "Preschool Clean Up Check List)

EVALUATION: Complete evaluation as a group.

# PRESCHOOL CLEAN UP CHECK LIST

| TASK | PERSON IN CHARGE |
|---|---|
| 1. Put name tags on | |
| 2. Help hang up coats and bags | |
| 3. Wash off tables | |
| 4. Push chairs under table | |
| 5. Books, puzzles, records straightened | |
| 6. Clean the bathroom | |
| 7. Sweep the floor | |
| 8. Straighten the house and toy area | |
| 9. Wash any dishes | |
| 10. Put away dishes | |
| 11. Put away art materials | |
| 12. Straighten puppets, small toy area | |
| 13. Pass out art projects and home notes | |
| 14. Help put coats on, take name tags off | |
| 15. Accompany children to their rides home | |